

## California State Journal of Medicine.

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PHILIP MILLS JONES, M. D., Secretary and Editor

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JULY, 1904.

## EDITORIAL NOTES.

The fifty-fourth annual meeting of the American Medical Association was the most successful in its history, so far as attendance **THE A. M. A.** was concerned. Something over **MEETING.** 2,800 members registered at Atlantic City. As a meeting place, it would be hard to find a more satisfactory city, for the hotel accommodations are almost unlimited. A little matter of two or three thousand people does not bother 800 hotels! There was less work in the House of Delegates than was the case last year, though there was still too much time wasted. The Association is committing a serious error in doing too much tinkering with its constitution and by-laws, and in allowing a "close corporation" of individual members, representing but four or five States, to run the whole machine. Organization is progressing rapidly and satisfactorily, it is true, and it is to be hoped that it may so continue. There is, however, a very decided undercurrent of feeling of resentment, and this should not be overlooked by the gentlemen of the coterie. If the organization is to be effectively *held together when once secured*, there must be evident less "close corporation" politics and more broadness in dealing with those questions which affect the general tone of the whole profession. The Association must, sooner or later, recognize that a control which makes its *Journal* the "greatest advertising medium for proprietary preparations" in the United States is not the control that will hold together State Associations which do not approve of this policy; there are such, and their number is rapidly increasing.

The American Medical Association selected Portland as the place for the next meeting. The committee on place of meeting recommended Los Angeles. Hot Springs, Ark., and San Francisco had also filed invitations for the 1905 meeting. San Francisco was rejected because the American Medical Association had already convened in that Pacific Coast city, and the committee thought that the Association, if meeting on the Coast, should go to some other city. The very able delegate from Oregon, Dr. K. A. J. Mackenzie of Portland, assured the House of Delegates that there would be ample accommodation for all by the time of the meeting. We sincerely trust that nothing may interfere with the completion of the hotels now building, and that the Portland meeting may be in the highest degree a successful one. Portland is easily accessible from almost every part of California, and our State should have a very large representation at the next meeting. We cordially extend to Portland our very best of good wishes, and offer any assistance in our power, should such be needed.

A criticism that has been made in previous years can be repeated this year, if one considers the hodge-podge of stuff in the "Hall of Exhibits" at the A. M. A. meeting. It is a disgrace to the Association that it should permit the foisting of nostrums upon physicians at these meetings. There need be no misunderstanding of this matter. A nostrum is a secret remedy, one the actual component parts of which are not known, and booth after booth in the "Hall of (disgraceful) Exhibits" displayed such wares. If exhibiting this stuff at the meetings and advertising it in the Association's *Journal* is not "promoting the use of secret remedies," will some kind friend be good enough to say just what it is? The responsibility rests with the Trustees; it is plainly up to them to insist upon decency, or else openly confess that the Association is out for money, clean or dirty, so long as it is money; that money, and not a high professional standing, is what they are after.

At Atlantic City, during the meeting of the A. M. A., an association of State Medical Society Journals was formed. The objects of this association are very simple. **STATE JOURNALS.** The first one is to come to a common understanding as to what shall be considered ethical in the matter of advertisements. Another is the hope that, by concerted action along lines of policy agreed to by all, very much greater influence may be brought to bear

than would be the case with separate individual action. Decency in medical journalism is rather a new thing—particularly when applied to the advertising pages—and the establishment of state journals, properly conducted in this particular, may go far toward making it less uncommon. The Trustees of the A. M. A. feel that they must “lay up treasures upon earth,” so they have to advertise all sorts of nostrums. Some of the State Societies, however, seem to have the feeling that it is more becoming to live up to certain principles of right living, called “principles of ethics,” and not to lend their publications to the cheerful work of debauching the medical profession. Our JOURNAL is certainly for the Association of State Journals, and for the right principle, and we wish the new association every possible success.

No one in this generation pays any particular attention to anonymous letters. Any man who has a statement to make or a complaint to file, and who is afraid to sign his name to it, lays himself open to the inference that his statement or his complaint is not founded on a basis of fact. Neither the Society nor the JOURNAL can afford to pay attention to unsigned letters. This does not mean that the identity of the writer will, in every case, be published; but it means that to secure recognition the responsible author must be known. All this is apropos of an unsigned communication addressed to the Secretary anent professional misconduct of the “school doctor,” an office recently established by the San Francisco Board of Health. If the writer of the letter in question will forward his name and address, the matter of his complaint will be taken up and thoroughly aired; otherwise, with regret, we shall have to pass it by in silence. Incidentally, and in passing, it may be said that the numerous gentlemen who address the Board of Examiners in regard to illegal practitioners, without the formality of attaching their signatures, are, to say the least, inconsiderate. Don't be a coward. If you know of something going wrong, come out like a man and say so; put it on paper, and sign your name to it. Your confidence will be respected, and so will you; vastly more respected than if you hide behind the anonymous letter.

An exceedingly important decision has recently been handed down by the Supreme Court of North Carolina. The case at issue was one involving the constitutionality of the dental practice act, and was, in every essential particular, identical with the case, *ex parte* Gerino, just decided by the Supreme Court of this State. A

summary of the decision is published in the *Journal of A. M. A.*, April 9th. The points decided are the power of the Legislature to require an examination; the exercise of police power by the State for the protection of the public, as against the conferring of special privileges; the right to require an applicant to comply with every requirement of the law before taking an examination; and the right of the Legislature to delegate its appointive power to a recognized society or association of professional men who are assumed to be better able to intelligently select the examiners who shall carry out the requirements of the Legislature. Slowly, but surely, the courts of last resort are deciding on the fundamental questions at issue, and the time is evidently not far distant when the status of all proper laws for the control of medical and dental practice will be clearly defined and supported by decisions.

Work is progressing on the preparation of the 1904 edition of the Register of Physicians.

Blank “record” cards will have been sent to all physicians in the state before the middle of this month, and it is desired to have the card file completed at as early date as possible. This can only be accomplished through the co-operation of the physicians themselves. A moment's time is all that is required to fill up the card and mail it, and then there need be no reason why names and addresses should not appear correctly in the Register. The publication office force is taking every precaution against errors, and if the recipients of the record cards will do their part in the work of compilation, by sending in data promptly, the Register of 1904 will be as complete as it is possible to make it. It should be understood that the record cards are to serve a double purpose—furnish data for the Register, and be kept for reference in the office of the State Society. While only a portion of the information asked for is to be published in the Register, it is all essential in the making of a complete record file. Once more it is urged upon every physician in the state to send in his record card promptly.

It is always sad to see the taking off of a strong valuable life in its early vigor. If the untimely end is due, either wholly or in part, to the use of tobacco and alcohol we naturally feel still more sorry to see such an unworthy snipping out of a useful and potentially great life. We note that Mr. Noah Raby, of Eatontown, N. C., recently died, and under circumstances that make his death particularly sad. Mr. Raby, according to his own statements, which seem to have been pretty well confirmed, was but 136 years old; and there can be

little doubt that his death was primarily due to his consumption of liquor during 120 years of that time. He was a constant user of alcoholic beverages and tobacco, and had it not been for the deadly effect of these poisons upon his strong and vigorous system, Mr. Raby might have lived to a good old age. Too bad!

#### THE MEDICAL ACT SUSTAINED BY THE SUPREME COURT.\*

On the first of June the Supreme Court handed down its decision in *ex parte Gerino*, sustaining the State medical practice act. The case was heard by the entire court, and not one of the seven Judges dissented. Just prior to the submission of the case, Judge Murasky of the Superior Court of San Francisco had held the act constitutional in the von Tiedemann, Gardini, Herbein cases. The lucid, logical decision, written by Justice Shaw, and which will always rank as a leading case, does great honor to the Supreme Court; for, although none of the constitutional questions raised by the contestants were necessarily involved in the proceeding, nevertheless the court, from public-spirited motives, passed upon all of them, and thereby obviated the necessity for considerable special litigation.

The decision must afford no little satisfaction to the sagacious and able originators and framers of the act. The profession will find cause for rejoicing in the fact that it may continue to exercise the public function delegated to it by the Legislature, as it has done for a quarter of a century, for the right to elect the Board of Examiners is not taken from the state medical societies and bestowed upon the Governor. The regular will not fail to appreciate the compliments to his school of medicine, which he will find throughout the opinion. The friends of higher medical education and the advocates of interstate medical reciprocity will congratulate themselves upon the action of the court in sustaining the truly scientific and national standard of the Association of American Medical Colleges, which our Legislature was the first to adopt. We hope other states will see fit to adopt the standard, for it is a long step toward that uniformity of legislation which is the true basis of reciprocity.

The decision is a complete indorsement for the majority of the Board of Examiners, who insisted upon the enforcement of the plain letter of the law. It is the answer to those timid minds and prophets of misfortune who never ceased to predict that the prosecution of unlicensed doctors of medicine would bring about the downfall of the law. It is now clear that the strenuous president of the board was not a "persecutor," but the exponent of law and order.

The attorneys for the Board of Examiners, in their brief, accused Gerino of attempting to bring

about a medical anarchy, because he was striving to wipe out the entire statute. His counsel replied: "The object and purpose of this litigation is to secure a judgment declaring a law unconstitutional which in its practical operation has become an engine of the grossest injustice. Our object and purpose is to secure a judgment nullifying an iniquitous law in order that other legislation may take its place, based upon the fundamental principles of equal rights and justice to all. Our object and purpose is to secure a judgment declaring this law unconstitutional, in order that a new law may be enacted which will entitle more than one hundred young men to practice medicine in this state, who have been educated in its medical colleges, and who are fully qualified in all respects to follow their chosen profession, and who are denied that right by the unjust provisions of the present act."

Counsel were pleading the natural and divine rights of "Sundown" von Tiedemann diplomas, and vouching for the qualifications of the medical Coxeyites and illegal practitioners who were turned down by the Legislature at its last session. It now appears that the iniquitous law which denied them the right to practice, which classed them at least as incompetents, was just, wise and beneficent.

At the very outset of the litigation over the medical act we predicted the triumph of the law, because it was based upon the solid rock of judicial precedent. Knowing of the precedents of the Frazer and other leading cases cited by the Supreme Court in the Gerino case, we were surprised that the title to office of the Board of Examiners should have been questioned by the Attorney-General, and that he should have permitted the name of the people to be used in a suit to remove the board from office, and to destroy the power of appointment delegated to the state medical societies by the Legislature.

The decision in the Gerino case affords cold comfort to the illegal practitioner. Unless we are greatly mistaken, it is the death knell of diploma mills and quackery in this state. Gerino, the champion of medical anarchy, until the next session of the Legislature "is remanded to the custody of the Chief of Police." Unfortunately the order of court does not reach as far as the Territory of Oklahoma, whither Gerino is said to have fled.

#### SAN FRANCISCO BOARD OF HEALTH AND THE MILK SUPPLY.

The San Francisco Board of Health, after an investigation of the source of the milk supply of this city, has found the dairies in an extremely unsanitary condition, a condition which urgently calls for reformation.

\*See page 209 for text of decision.



This is not the first time the subject has been referred to in these columns, and it is one, the importance of which calls for serious consideration on the part of the medical profession. The situation is not new, and it reflects no credit on the sanitary inspectors of the local board that it has not been exposed long ago. The attention of the profession was called to the condition a year ago in the columns of the JOURNAL, and the dangers were pointed out. About the same time the typhoid fever epidemic at Palo Alto demonstrated the possibilities of carelessness among dairymen.

It is to be hoped that the local board will do something more than agitate, though we confess that we do not hope for great things in this respect from boards of health. The medical profession must take up this question through the local societies, as has been done in Eastern cities, by the appointment of medical milk commissions. The question is largely one of education of the dairymen as to what really constitutes clean milk and sanitary dairies; and this can only be done by inviting the co-operation of the dairymen and convincing them that we are desirous of assisting them in placing on the market an article the purity of which we can certify to. It can safely be said that there is not a properly conducted sanitary dairy supplying milk to San Francisco. Of course some are worse than others; but in an inspection of a number of them by a member of the Publication Committee a year and a half ago, the condition was found to be disgraceful. None of the dairy buildings were properly drained; the drainage from houses, barns, privies, etc., in some instances flowed by unprotected wells and through pastures; drainage ditches were accessible to cows which oftentimes wallowed in

this filth; no grooming of cows or cleaning of udders was observed; no attention to cleanliness among milkers was attempted, nor was there any medical inspection of the families of the workmen. All this and a great deal more is necessary to produce wholesome, clean milk, free from pathogenic bacteria. It is surprising that the specimens of milk procured from these dairies at that time averaged only 223,000 bacteria to the cubic centimeter.

Of course it cannot be expected that all the dairies will come up to these requirements, and it is here that the limitations of health ordinances are manifest. Already the dairymen are objecting to the proposed regulations, claiming that they cannot produce milk at present prices under such regulations. This is true. Sanitary dairies cannot be maintained at a profit, if the product is to be sold at ten cents per quart, and the public will have to be educated to the fact that good milk costs more money than they have been paying for bad. A medical milk commission would probably not be able to induce more than one dairyman at first to subscribe to its requirements; but this dairyman would be armed with such a recommendation for his product that the demand would easily justify the increase in price; an argument which would be readily seen by other dealers. This has been the experience in other cities. When the Philadelphia Milk Commission organized four years ago it succeeded in obtaining two dairies to meet its requirements; but at the last report of that commission six dairies were receiving certificates from it.

Let the committee on public health of the County Society see to it that we have at least one clean dairy.

## COMMUNICATION.

### WILL ENFORCE THE LAW.

To the Editor of the STATE JOURNAL: The recent action of the Alameda County Society, respecting the enforcement of the medical practice act, may interest the members of other societies, and it is hoped stimulate to similar effort.

At its meeting of a month ago the Alameda County Society enthusiastically voted to enter vigorously as a society upon the work of enforcing the law in its own territory, and to this end appointed a legal committee consisting of the president, the secretary and three other members, whose duty it shall be to actively ferret out and prosecute, repeatedly if necessary because of acquittals, all persons violating the law. The committee proposes to uphold the Board of Examiners in every way, and to work in harmony with the board. A conference has already been held with the president of the board, at which a plan of campaign was outlined. The committee has enlisted the sympathy and is promised the aid of the District Attorney and the police authorities, and has in hand sufficient funds to meet all present demands, with

the assurance of more to follow as needed, voluntarily subscribed for the purpose by the society members.

The committee will employ its own attorney, and the work will be begun at once; and it cannot be doubted that the movement, backed as it is by the united sentiment of a society numbering about 130 in membership, and the support of the civil authorities, will be productive of much good in the community.

Any information relative to illegal practitioners in Alameda county will be welcomed by the committee, Drs. Maher, Pratt, Milton, Miller and T. C. McCleave, chairman.

T. C. McCLEAVE.

The Alameda County Society is to be congratulated upon its action. The Board of Examiners has heretofore received but little assistance from county societies in the prosecution of illegal practitioners, but now that the matter is clearly brought to issue, that this important work should be undertaken by the different county societies, it is to be hoped that all will follow the good example of Alameda county, and will appoint similar committees.—Ed.



## SUPREME COURT SUSTAINS THE STATE MEDICAL LAW.

The *STATE JOURNAL* prints in full the decision of the Supreme Court, sustaining in every particular the constitutionality of the medical practice act. The decision should be carefully read by every physician in the State, for it is a clear, exhaustive and scholarly document, completely settling at rest all contention as to the constitutionality of the act.

Crim. No. 1107. In Bank. June 1, 1904.

Ex parte Gerino on Habeas Corpus.

Application for writ of habeas corpus directed against the Chief of Police of the City and County of San Francisco.

For Petitioner—Garoutte & Goodwin; Otto tum Suden, R. B. Carpenter and Beverly L. Hodghead, amici curiae. For Respondent—William M. Maguire and William C. Tait; Charles S. Wheeler, of Counsel.

The petitioner is in custody on the charge of practicing medicine without a certificate from the State Board of Medical Examiners, established by the act of February 20, 1901, for the regulation of the practice of medicine and surgery. (Stats. 1901, 56.) By his petition in habeas corpus he asks to be released on the ground that the statute is unconstitutional. The act establishes a State Board of Medical Examiners which is empowered to issue to persons who pass or have passed a satisfactory examination a certificate which shall authorize such persons to practice medicine and surgery in this State. It makes it a misdemeanor for any person not having such certificate to engage in the practice of medicine or surgery. It is conceded that the Legislature has the power to enact laws establishing the conditions upon which persons shall be allowed to practice the profession of medicine within this State. The inquiry before us is whether or not this power has been constitutionally exercised. Several provisions of the act are assailed, and each is claimed to be so essential to the general purpose and object of the law that, if it is unconstitutional, the whole law, including the part defining the offense in question, must be declared invalid.

1. The act provides, with respect to the membership of the Board of Examiners, that "five members thereof shall be elected by the Medical Society of the State of California, and two members thereof by the California State Homeopathic Medical Society, and two members thereof by the Eclectic Medical Society of the State of California." This, it is claimed, violates section 21, article I, of the State Constitution declaring that no class of citizens shall "be granted privileges or immunities which upon the same terms shall not be granted to all citizens"; also section 11, article I, that "all laws of a general nature shall have a uniform operation"; and subdivision 19, section 25, article IV, forbidding a special or local law "granting to any corporation, association or individual any special or exclusive right, privilege or immunity."

The Legislature has power to establish offices in addition to those created by the Constitution itself. Section 4, article XX, provides that " . . . all officers . . . whose offices or duties may hereafter be created by law, shall be elected by the people, or appointed, as the Legislature may direct." This gives the Legislature power to declare the manner by which officers, other than those provided by the Constitution, shall be chosen. Such officers may be appointed by the Legislature itself, or the duty of appointment may be delegated and imposed upon

some other person or body. (*People v. Provines*, 34 Cal., 541; *In re Bulger*, 45 Cal., 559.) There is no limitation to any particular person or class of persons upon whom alone the Legislature may impose this obligation.

In our opinion the power to appoint officers in such cases is not one of the rights or privileges contemplated by the provisions of the Constitution upon which the petitioner relies. It is more in the nature of a duty than of a right or privilege. The rights and privileges referred to in those guarantees and limitations must be something for the individual benefit or advantage of the person or association upon which they are conferred, and not the power to perform a public duty for the benefit of other persons or of the public. In exercising the power in this particular case the societies mentioned in the law are acting for the benefit of the State and the people at large. The power of the State to constitute such a board, and to impose restrictions upon the right to practice medicine to be enforced by the board could not be upheld at all if it were put upon the ground that in so doing the State is acting for the benefit of any one or all of the medical societies or schools of medicine existing in the State. The power rests entirely on the theory that such regulations are for the general welfare, and to protect people from the arts of quacks and pretenders and from the mistakes of incapable practitioners. The Board of Examiners, when constituted, is not the agent of the medical societies which appoint its members, and its functions are not conferred or designed for the benefit of those societies, or either of them. The board constitutes a State agency for the regulation of the practice of medicine and surgery, and it must discharge that duty under oath, and impartially for the benefit of the people, and not for the promotion of the interests of any school of medicine or medical society. In *ex parte Frazer*, 54 Cal. 94, substantially the same question was raised in the argument, although it is not discussed at large in the opinion, and the court, speaking of a like power of appointment, says: "The assumption of the power by these individuals or societies would be the assumption of a public duty, and the performance of the duty simply would not be profitable or beneficial to them, as societies." (*Fernor v. State*, 151 Ind. 249; *Wilkins v. State*, 113 Ind. 514.) The societies named by receiving this power of appointment are constituted agencies of the State to perform a part of the duty pertaining to the sovereign power of the State, and they are not, in that respect, the recipients of private rights or privileges. (*People v. Provines*, supra.)

The decisions in *Britton v. Board*, 129 Cal. 341, and *Murphy v. Curry*, 137 Cal. 485, are not applicable. They hold that when the Legislature undertakes to prescribe rules and conditions under and by which alone citizens, either individually or collectively, may freely exercise political rights, such as the right of suffrage, or the right to become a candidate for office at a general election, it must make rules and establish conditions which shall give to every citizen, as against any other citizen, equal facilities for the exercise of such rights, and that, if any privileges are given to any party or association of citizens to have the names of its particular candidates spread upon the official ballot, the same privileges must be given to all parties and associations similarly situated and having like objects and purposes. The law here in question does not deal with political rights held by citizens generally, nor with any existing right of these medical societies. The societies were presumably not organized for the purpose of appointing members of examining boards, and neither of them possesses any such right or power independent of

the law conferring it, nor is this power given them in furtherance of the exercise of any right or power which they possessed before. It is, as before stated, a simple public duty which they are empowered to discharge as a political agency of the State. The Legislature may distribute such powers according to its will under section 4, article XX, untrammelled by the restrictions in other portions of the Constitution respecting the granting of rights and privileges equally to all of the same class. It may be true that in making these appointments each medical society will choose persons who believe in the school of medicine of which its members are composed. This, however, does not render the law unconstitutional. The board, when appointed, must act equally for the benefit of all applicants, and impartially with respect to each regardless of the school of medicine to which they belong. Their official oath so requires, and there is nothing in the act which authorizes or permits them to do otherwise.

We have thus considered and decided the validity of the method of appointing the members of the examining board for the reason that both parties have fully discussed the subject, and certain persons, claiming to represent the State in a quo warrant proceeding to test the right of the board to hold that office by virtue of such appointment, have appeared amici curiae and argued the proposition from their standpoint. We think, however, that this objection does not involve the constitutionality of the act as a whole. The law establishes an examining board and prescribes its duties and powers, and the power of the Legislature to establish such board is not disputed. This being the case, it is clear that, even if the method provided in the law for the appointment of the members is invalid, the other provisions of the law would stand unaffected. (See cases hereinafter cited.) There would then be a legal office established without any specific provision for the appointment of any person to fill it, and the vacancy thus existing could be filled by appointment of the Governor. (Const., art. V, sec. 8; *Quigg v. Evans*, 121 Cal. 551; *People v. Edwards*, 93 Cal. 156.) But, as it would be a legal office, it could be filled by a de facto officer, and in that case the validity of his appointment and his right to hold the office could not be questioned in this proceeding in habeas corpus.

2. The other objections relate to the construction and effect of section 5 of the act. It begins by requiring that every person practicing medicine or surgery in the State must have the certificate of the examining board as therein provided. It then enacts that, as one of the steps toward procuring a certificate, the applicant must produce "a diploma issued by some legally chartered medical school the requirements of which medical school shall have been, at the time of granting such diploma, in no particular less than those prescribed by the Association of American Medical Colleges for that year." The provision fixing the standard of this association as a test of the character of the medical school issuing the diploma is, it is contended, invalid, first, because it is said that the association is composed of colleges teaching only the regular or allopathic system of medicine, and, therefore, it would place it in the power of that school of medicine to fix a standard that would put the other schools at a disadvantage, and this makes the provision an unjust and arbitrary discrimination against all of the other schools of medicine, and, secondly, because it delegates to the association the power to fix this standard, a power which, it is claimed, can be exercised only by the Legislature itself, and, moreover, it is in effect the adoption of a standard that may vary from year to

year, whereas the provisions of law, it is said, must be fixed, definite and certain.

A diploma is required because its possession indicates that the applicant has, to some extent, prosecuted the studies necessary to qualify him to follow the medical profession. It may be that there are medical colleges which require little preparation on the part of their students as a condition to the issuing of a diploma. The provisions of the law imply that there are such. If the diplomas of such colleges were made sufficient to admit an applicant for a certificate to an examination, the number of that class of colleges would doubtless increase. It was therefore necessary, in the judgment of the Legislature, to prescribe a standard of scholarship to be maintained by the colleges whose diplomas the board should be authorized to accept. The law on this point is not to be construed so as to require these colleges to have the identical course of study and those other requirements prescribed by the association. The test is that the requirements of such college shall be "in no particular less than" those prescribed. That is to say, the standard of scholarship required of its students shall be equal to the standard required by the association. It need not be the same course of study, nor the study of the same textbooks, nor the attendance for the same length of time, but it must be such as require of the student a degree of proficiency in the studies necessary to prepare him for practice equal to that which would ordinarily be produced by the requirements prescribed by the association. Whether or not the association of American Medical Colleges is composed of those only which teach the allopathic branch of that profession we cannot say; but admitting it to be so, we cannot say that there is in this provision of the law, thus understood, an arbitrary or unjust discrimination against other schools. Surely they would not claim the right to have the adherents of other schools admitted to practice the profession upon a less degree of proficiency in the preparatory studies than is required of those in the regular school.

It being proper for the Legislature to demand some standard of efficiency, as we have seen, we think it is equally within its powers to declare that it shall be the same as that prescribed from time to time by an association composed of colleges devoted to the work of preparing persons for the profession. Evidently the standard of proficiency in scholarship as a preparation, and the particular studies necessary to secure a fair preparation must change as the discoveries in natural science open new fields of investigation and suggest or reveal new curative agencies. The Legislature cannot successfully prescribe in advance a standard to meet these new and changing conditions. The method adopted appears to be sufficiently definite to enable all colleges to reach the required standard, when in good faith they desire to do so. The law is as fixed, definite and certain in this respect as the nature of the subject and the object to be attained will permit; and we do not think it should be held void because it adopts the standard fixed from time to time by those who, it will be presumed, are the most eminent in the profession which it attempts to regulate, and who should be the most interested in maintaining the highest degree of professional proficiency, skill and training.

3. The next objection is that under the guise of authority to exercise discretion the examining board is given power to make arbitrary and unjust discriminations between persons holding certificates from medical examining boards of other States by subjecting one to an examination and admitting another without examination. This objection is di-

rected to the last paragraph of section 5 of the act, which provides, in substance, that in the case of a person holding a certificate from another State Examining Board, which has required the production of a diploma or license of equal grade to those required by the act, and has also required the holder to pass an examination as strict as that required by our own board at the time, such person may, in the discretion of the board, be admitted to practice without further examination. It will be seen that every person within this class must have a diploma or license such as the act prescribes, and therefore must be eligible to examination here, if the board requires it. If the provision giving the board discretion to admit without examination is held unconstitutional, the effect would be that all applicants must submit to examination as provided in the act. The act shows clearly that the main purpose is to admit no one to practice who has not passed such an examination, and the only effect of the last paragraph is to permit in some cases the substitution of the examination of another State board for that of our own. A law which is unconstitutional in part only is not to be held wholly void, unless the invalid portion is so important to the general plan and operation of the law in its entirety as to reasonably lead to the conclusion that the law would not have been adopted if the Legislature had perceived the invalidity of the part so held to be unconstitutional. If the law is separable, so that the general object can be attained without aid from the part that is void, the other parts of the law will be upheld. (Ex parte Frazer, supra; People v. Parry, 79 Cal. 105; People v. McFadden, 91 Cal. 496.) "If an independent provision, not in its nature and connections essential to the law, be unconstitutional, it may be treated as a nullity, leaving the rest of the enactment to stand as valid." (McGowan v. McDonald, 111 Cal. 65.) Such invalid provisions "will not vitiate the whole act, unless they enter so entirely into the scope and design of the law that it would be impossible to maintain it without such obnoxious provisions." (People v. Hill, 7 Cal. 103; People v. Burbank, 12 Cal. 393; Mills v. Sargent, 36 Cal. 382.) It is not necessary to consider whether or not the provision allowing a discretionary power to admit without a new examination in some cases is constitutional. Conceding, but not deciding, that such provision is void, it comes clearly within the rule above stated, and does not affect the other provisions of the act under which the petitioner is held in custody.

There are no other points that require notice.

The petition is denied and the petitioner remanded to the custody of the Chief of Police of the City and County of San Francisco. SHAW, J.

We concur:

VAN DYKE, J.  
ANGELLOTTI, J.  
McFARLAND, J.  
HENSHAW, J.  
LORIGAN, J.

"Alcohol" Tonics. The fact that these "patent medicines" will sometimes give a supposed sense of relief, or tone up a sluggish system, makes them all the more dangerous. Why should they not stimulate and tone up, or soothe pain? The alcohol in these preparations often gives a sense of temporary well-being. Opium, as we all know, will soothe pain, while cocaine will stimulate and excite, making the beggar feel a millionaire. The mixtures containing these drugs are freely taken by people who would be outraged at the very thought of going into a saloon and ordering a glass of whisky.—Bok, in *Ladies' Home Journal*.

## SOME REFLECTIONS ON STATE EXAMINING BOARDS.\*

By W. S. THORNE, M. D., San Francisco.

It must be apparent to the interested observer that the events of the past year, in educational circles, mark an era of progress and reform. It is needless, perhaps, to remind this erudite assembly that the history of civilization, as it has moved upward in the scale of moral and intellectual growth, is the story of conflict with opposing and often malevolent forces. The histories of the dominant races of this century emphasize the declaration that every step of human progress, every discovery of science, every political reform, every liberty enjoyed by the people, have been opposed by strenuous factions and often upon sanguinary fields.

Conformable, therefore, to the precedents of social evolution, it comes to pass that the attempt on the part of a wise and conservative minority to abolish a recognized evil, affecting the most sacred interests of society, is met upon the threshold by the inveterate enemies of progress. But let us not be discouraged. The struggle for thorough preliminary instruction, as a basis for higher education in the medical and allied sciences, is fairly inaugurated. Experience already justifies the belief that the influence of independent examining boards must eventually purge the medical profession of incompetents, and close the avenues of a medical career to the ignorant and illiterate. The worth of any civilization, or the worth of any department of the social system, is the worth of the men behind it. By consent of society the medical profession stands in the front ranks. Its position exacts the most perfect rectitude and the highest scientific attainment. The growing demands upon medical men in the affairs of State, and the ever-widening domain of sanitary science, embracing towns, cities, rural districts, commercial relations, and the conduct and exigencies of war, stamp the medical function as fundamental in civic administration.

The influence exercised by the State Board of Medical Examiners cannot be over-estimated, when we reflect that the standards established by it must determine, to a large extent, the curricula of all teaching bodies, and the thoroughness of methods. This influence, be it understood, applies not only to medical teaching, but also to the character and extent of preliminary education. It is generally recognized that examining boards are bound to take cognizance of illiteracy in applicants for license. In effect, therefore, independent examinations determine the extent and quality of fundamental training. In selection of medical examiners, the authorities should carefully consider the *personnel* of the appointees. A reputation for sterling integrity, and strict professional honor, should receive the first consideration. The board should be so constituted as to ensure the confidence of the profession and inspire public respect, and every detail of its administration should be characterized by the most scrupulous and exact justice. While an elevated standard of attainment should be required and maintained, the questions should be framed with the most conscientious regard to their fairness and propriety. The executive function of the Board of Examiners calls for the exercise of judgment, firmness and vigilance. It is manifest that the law fails in purpose and intent, if its mandates are not enforced.

The illegal practitioner avails himself of every subterfuge known to the law, and every device conceivable by unscrupulous tricksters, to evade the operation of the medical act. The board will be confronted by the startling fact that the illegal practitioner is frequently protected by the regular physi-

\*Read at the Thirty-fourth Annual Meeting of the State Society, Paso Robles, April 19-21, 1904.



cian, who employs him as a silent associate, in nefarious and unprofessional enterprises.

The Board of Examiners empowered by the people of this great commonwealth to purge the medical profession of the ignorant pretender, and to enlarge the efficiency of a learned profession, will find that the quack and the illegal practitioner command both sympathy and assistance in certain quarters of the regular profession, and that even in court circles they assume to possess an influence which our experience fails to justify. The board will find these delinquents astute, resourceful, unscrupulous and tricky.

The time has come when the medical boards should seek a more strict and acceptable interpretation of the words "practice medicine." We should know our legal ground in this matter, which at the present time seems ill-defined. Mr. Tait, the learned attorney of the Board of Examiners, has, I am informed, made an exhaustive study of this question, and it is to be hoped that the matter will soon be settled by the courts. It is an essential duty of the Board to enquire most carefully of applicants for license touching a strict conformity to the law requiring full and complete courses of study in legally chartered medical schools, the requirements of which are in no particular less than those prescribed by the Association of American Medical Colleges at the time of granting such diplomas. In several instances applicants have come up for examination who had fallen far short of the legal requirements. Let the Board of Examiners indulge no sweet illusion that by a righteous and conscientious performance of duty it "shall escape calumny." The charge most prolific and persistent will be that of unfairness and discrimination. This of all allegations is, and I trust will continue to be, the most absurd and mendacious. We may well extend the hand of sympathy to the deluded youths who, by honned assurance of speedy methods to medical degrees, have parted with their time and money to no purpose; but the authors of such infamy deserve the contempt of every honest man; in them we behold the lust of greed and the lust of mendacity fittingly associated. The odium of failure to pass the State Board obviously rests with those institutions that persistently refuse to reform their methods of instruction, and to give full and complete courses. The failures of the different colleges represented in California in 1902 were as follows:

College—	Passed.	Failed.	Total.
University of California .....	30	1	31
College of Phys. and Surgeons...	5	9	14
California Med. College .....	1	5	6
Cooper Med. College .....	19	2	21
Hahneman Med. College .....	4	1	5
University Southern California ...	11	0	11
Percentage of failures, 20.43.			

The examinations for the year 1903 by colleges gives the following results:

College—	Passed.	Failed.	Total.
California Medical College .....	0	1	1
College Phys. and Surgeons .....	17	5	22
Cooper Medical College .....	33	3	36
Hahneman Med. College of the Pac.	7	2	9
University of California .....	17	1	18
University Southern California ...	22	0	22
Coll Phys and Sur., conditioned 3	3		
Cooper College ... conditioned 4	3		
Hahneman Med. Coll., cond. 1		1	
Percentage of failures. 10.31			

It is encouraging to note an increase of nearly 50 per cent of successful candidates over those of two years ago, notwithstanding the fact that the standard of requirement has been in no wise lowered. It is

obvious, therefore, that the State Board has already exerted a beneficent influence upon all classes of medical men, and especially upon recent graduates who are drilled with reference to their state license. The unprecedented development of the medical and allied sciences during the past decade demands corresponding evolution in the methods of mastering and applying them; and those charged with the responsibility of imparting scientific knowledge to the rising generation should furnish the student with every advantage for practical and experimental work. The student must first *know*, and after, practically and rationally *apply* his knowledge, in the clinic and laboratory. Medicine today is applied science. Theory with practical and experimental methods must go hand in hand. Radical changes in the present system of medical instruction are necessary to meet the increasing demand for higher attainment in medical knowledge. Let the birth of the twentieth century behold a united profession pressing forward to higher attainments, and toward loftier ideals. Inertia is the most malevolent force in nature. We cannot stand still; we must progress. We are impelled upward by irresistible forces. What is needed in medicine, from the standpoint of sociology, is the true scientific spirit clothed with human interest.

The matter of reciprocity between the several States is at this time our unsolved problem. In the interest of justice and fair dealing, it is one that should engage the most serious and earnest attention of the profession looking toward an early solution. The experience of the past three years teaches us that great hardship and injustice result in the operation of the present law, as applied to men of recognized standing in the profession who graduated ten or twenty years ago. It is obvious that such practitioners should be admitted to a legal status under easier conditions than the recent graduate. As a remedy for this unequal operation of the present system, it has been suggested that a double set of questions be given, one set to the graduate just from college, and the other to men in practice ten years and upward. This plan has been adopted in one or more of the States; our law, however, gives no such power to the Board of Examiners. Reciprocity between States would, through the discretionary power in the board, meet this urgent requirement; but the variation in the standard of attainment in the different States, often much lower than our own, renders the admission of candidates for examination under such conditions impracticable. We should still strive, however, for a solution of this vexed problem.

#### DISCUSSION.

Dr. Dudley Tait, San Francisco.—In an artistically arranged concert program, a classical selection is generally followed by a simple theme. I am forcibly reminded of this fact after hearing and applauding the eloquent periods of my learned friend and very efficient colleague, Dr. Thorne. I therefore crave your attention to the recital of a series of plain facts.

The Medical Act went into effect August 1, 1901. During the first year of its application, the Board of Examiners gave especial attention to the subject of examining applicants for license, dealing leniently with offenders of the law in order that the public and also the profession might become better acquainted with the new restrictions placed by the legislature upon the practice of medicine in this state. Furthermore, it was deemed prudent to follow this policy in view of the fact that the courts, juries and district attorneys regarded with marked disfavor the new law, and especially its enforcement by a body of medical men. Again, from the very onset, the board, in seeking judicial interpretations of several sections of said

law, was confronted with innumerable writs, appeals, demurrers, etc., closing the police courts to further prosecutions along these lines. During the past year rulings have been handed down from three superior courts of San Francisco, sustaining in every particular the stand taken by the board. Consequently the work was resumed, and in the current number of the CALIFORNIA STATE JOURNAL OF MEDICINE you may have noticed some of the results of said work. The true effect of the work is not, however, apparent in this published report, for today the conditions in the police courts have radically changed. So much so, that the filing of a complaint by the board is almost equivalent to a conviction. The police court shysters are no longer willing to advance bail to illegal chaps; the juries extend them no sympathy; and the judges are not averse to sending them to jail whenever the amount of the fine is not immediately forthcoming. The illegal tribe is fast moving towards two places; first, to Oakland, where licensed practitioners protect them and give them a character when they appear in court; second, to Nevada, where a vast army of them await a sign from the Supreme Court in order to swoop down upon us. On the other hand, the number of applicants has almost doubled during the past year. We now possess thoroughly the technic of radical cure of illegal practitioners and the board is particularly desirous of placing this practical knowledge at the disposal of all component county societies, believing that this work of prosecuting should be undertaken by them, under sanction of the Board of Examiners. Whenever a prosecution is made by an official body or medical society—in other words, when the profession endorses the complaint—a conviction is sure to result.

Dr. Thorne has enumerated some of the qualifications required of an efficient member of a board of examiners; permit me to add two: First, a thorough knowledge of the law regulating the practice of medicine in this state, and its practical workings; second, an irrevocable determination to apply the said law in its entirety. I refer feelingly and with emphasis to the application of the entire law, mindful of the fact that in taking office a member of the board swears before a superior court judge to do his duty in relation to the law in question. The deeper the study of our medical act, the greater is one's admiration for the wisdom of those who framed it. Founded on the best features of several state laws, our medical act has frequently been referred to by Eastern experts as an ideal statute. Unlike many state laws, it does not confine its role to the examination of applicants for license. It goes much further and in the only logical direction—backward. It considers credentials, and the all-important question of preliminary education. To confine oneself to the examination of applicants and to ignore credentials and preliminary education is, you will admit, illogical because it attempts the purification of a polluted stream at its mouth instead of at its source.

As illustrative of the urgency of applying the law in its entirety, I may cite the damnable frauds perpetrated on your board by two San Francisco colleges which recently joined hands with the charlatans in the Supreme Court. These colleges issued diplomas after only one and two years of study, advanced standing having been granted upon an osteopathic license. Applicants for license have perjured themselves in their affidavits, and thanks to the duplicity of our secretary, an eclectic, they have been admitted to take the examinations. Another fact that savors strongly of fraud is the selection of board members from the faculty of the eclectic school of San Francisco, a body of men who make a specialty of giving employment to illegal practition-

ers. Our secretary has always had one or two illegal practitioners to assist him in his office or outside work. Notwithstanding the consequent notoriously unfair marking of papers the eclectic school of San Francisco has only succeeded in presenting one candidate who successfully passed the examination, and he had been in Cooper College for three years. At the present time he is practicing "mental science." The board passed on his papers, not on his sanity.

So much for the character of the board, and the almost complete wiping out of a college. It has been asserted openly that discrimination is resorted to among the applicants. This is, in a measure, true. On several occasions we have had to examine men 60 and 65 years of age, members of the Grand Army, etc., and in these instances many, if not all of the examiners, have asked the secretary for the applicant's number. As a test of the fairness of the examination, permit me to inform you that the percentage of rejection has remained almost stationary notwithstanding the constant rotation of subjects.

In the matter of complaints, the Board regrets to say that almost all communications addressed to it are anonymous, and in each case the board is compelled to build evidence upon the meager information thus cowardly given. In other words, the board must assume the entire risk of failure to convict, with the possibilities of a counter suit for damages for malicious prosecution, libel, etc. Such were the conditions in all the cases tabulated in the current number of the STATE JOURNAL. The apathy of the profession is a matter of alarm and regret to those who have become interested in the welfare of the profession, and some of us may be permitted to ask if the Society truly desires the maintenance of a high standard of medical legislation and licensure. What will be the effect upon the public and upon the courts if the Medical Act does not meet with the support of the body to which it owes its origin? I may say that more progress has been made in two years of legislation in this state than in twelve years in New York or fifteen years in Massachusetts. It is for you, gentlemen, to determine what the policy of the new board shall be. To those who view suspiciously, or fail to understand the vigorous campaign of the present board in the face of the foulest calumnies and basest insinuations, I would say that the echoes of the Santa Barbara meeting have not fallen on ungrateful ears, and the long hours in the foul air of the police courts were in no sense more onerous than the days and nights passed in the lobbies of the Legislature by those to whom we owe the Medical Act. They set the example for personal sacrifice; we merely followed.

Dr. W. S. Thorne, San Francisco.—The keynote has been happily illustrated in Dr. Tait's comparison of purifying the polluted stream at its mouth instead of its source. If we depend upon our examinations to purge the profession, it is like commencing at the mouth of the stream. The most important thing is the preliminary and educational training which a candidate brings to his medical studies. It is a well-known fact that a bright, sharp man will take a coach, and with a very little time and no fundamental knowledge, may cram for an examination, and pass. Our insistence upon preliminary qualifications under the terms of our law I conceive to be one of the most important. It may seem strange that complaints have reached your ears of the Board of Examiners in their relation to applicants and members of the profession. If we who have passed two years in the fire come away with only the smell of smoke, I think you may consider that we have done pretty well.

## CASES OF PROSTATIC CALCULI.\*

By GEORGE CHISMORE, M. D., San Francisco.

**T**HE PURPOSE of this paper is to bring before you two cases of calculus in the prostate gland.

Those who are engaged in a special practice in this direction will know how rarely such cases are met, and will be interested in the details of those that occur.

Case 1—A. L. B. came to the Waldeck Hospital on September 10, 1890, under my care. He was 61 years old, and a farmer, owning a fruit ranch. He had been healthy during his life up to five years ago, when he began to pass water more frequently and with some slight pain. These symptoms gradually increased in severity and frequency until he arrived at his present condition. He is a large man, apparently in excellent health in all other respects. He now voids a little urine every few minutes, and it dribbles from him nearly all the time. The urine is foul, clouded with pus and blood. He is in almost constant pain, but not so bad as to require opiates to check it. The day he arrived I operated by median perineal section, and with little difficulty removed five oxalate of lime calculi; the largest measured 2x1½ cc., and weighed 161 grains; the other four were small, and all together weighed but 20 grains. The largest stone was so thoroughly encysted in the gland that only a very small surface presented into the urethra, and that explained what had puzzled me when the metallic searcher was passed; it found nothing when it went into the bladder, but touched it on the way out. I am very sorry not to be able to show the society these stones; but when this man recovered he went home, and after several months sent me a request to let him have them to show to his family; it slipped my mind, and that was the last of it. Although the wound was almost a clear-cut, and there was no loss of blood, it was very slow in healing. There were no complications, but he remained under my care and that of Dr. Harry M. Sherman, who was my assistant in the operation, for a period of nineteen days.

Case 2—Judge C. G. S., age 77. He came from the country on October 19, 1903, and went to the Waldeck Hospital. I saw him at once. He was strongly built, rather tall, and well preserved for his age. He explained: "I have been well for the most of my life, but for several years have had trouble with my bladder, which gradually got worse and worse, until I could not stand it any longer." His former doctor had advised him to come to the city and see me. He also said, "My doctor told me I had stone, and wanted to cut me, but I felt as if I was too old for the knife." His wife, who nursed him most tenderly, said that he was obstinate, and that it was very hard to change his mind. He did, however, and the operation was performed that day. He was incontinent, and wore an urinal, suffered a good deal of pain, and was subject to painful priapisms. There was no difficulty attending the median perineal section, and the calculi here presented were quickly removed. He got along fairly well for the next eleven days, when his obstinacy caught him, and, though by no means in a fit condition, he left the hospital and the city, rode several hours to his home, and his subsequent course is better told by himself than I or any other can tell it for him. Names and places are omitted for obvious reasons, the rest is verbatim. The urine referred to was 32 ounces for 24 hours, voided eleven times, nine by day and two by night; reddish yellow, cloudy, normal odor; acid 10.18; slight trace of albumen; 18.24 grammes urea; a rather copious sediment of pus, and a few blood cells.

"March 21, 1904.

"George Chismore, M. D.—My Dear Sir: I left the Waldeck Sanatorium October 31, 1903, and arrived at my home the same day. My wife cared for and dressed my wounds as directed. The urine continued to pass part through the wound, but the greater part of the urine passed through the penis for three weeks and a few days more, when my wife discovered granulations on one side of the wound, when she called in the doctor. He said, after examination, there was every indication that a urinary fistula would form there if let alone. He operated and cut and scarified the wound, and said if it did not heal up in eight or ten days it would not heal at all. Then, in order to prevent a fistula, I would have to go to bed and have a nurse; that he would have to scrape the tissues down to new flesh, otherwise a fistula would form there and become permanent. The wound did not heal up in eight or ten days, but it did heal up in about three or four weeks thereafter, and in about two weeks thereafter two small abscesses formed on the upper edge of the wound. Then the doctor opened up the wound again, so that the urine could come through the wound again; and he said then that a fistula would form there; and rather than to go through the operation of scraping

down the tissues, I had better use a pad and let the fistula form there; that it would not weaken me any, and would be but little annoyance, and that I could then commence business. About three weeks after that the wound healed up, and twelve weeks have passed since and there are no indications of any more trouble with the wound. The water passes moderately freely without any pain, except to dribble a little after passing the urine. The doctor is very much surprised to find out that the wound is entirely healed up without having a fistula there.

"I have sent you by express to-day the urine for 24 hours. When I take up a shovel or pick and shovel or dig a little dirt in the garden I can feel a sensation about the neck of the bladder, and want to urinate oftener than I do when not exercising.

"I hope this will be sufficient history of the case to give you all the information you want. Respectfully, etc.,

## DISCUSSION.

Dr. Granville MacGowan, Los Angeles.—This is the largest stone I have ever seen. I have removed forty prostates, and I think four contained stones. There was one patient seen by Dr. Chismore, who subsequently went to New York, and there someone found a pocket in the prostate and removed, I think, 100 or 200 stones. He had a great deal of trouble in getting it healed up. He returned to New York, and was examined there by prominent surgeons, who said he had tuberculosis of the bladder. I examined him, and told him that he had an enormous prostate, and that I would take a chance on his having tuberculosis of the bladder. When I got into the prostate I did not find any loose stones, but stones in the prostatic substance, little gravel, 100 or more, around in the substance. Another patient had been operated upon by a surgeon by suprapubic section. The stone was removed, and in about three months he was brought to me by his physician. I found he had an enlarged prostate and a stone in the bladder. I found the prostate hard, only indurated, and could not get the stone crushed through it. I thought I would take it out. I opened the prostate, and as soon as I commenced to dissect out the prostate found it full of stones that looked like broken pieces of granite. There were probably twenty or thirty. I found the stone in a pocket in the bladder. He frequently has stone in this pocket now. In two other patients I found stones that could not be reached at all. It has seemed to me that perhaps in some of these cases where stones are present, that tuberculosis may have preceded, and that these concretions may have simply taken the place where the tuberculous foci were.

Dr. M. Krotoszyner, San Francisco.—I saw a case in a man about 70. I performed a prostatectomy, then opened the prostate capsule, and little calculi came out. There were ninety-nine that were lodged in there. That patient got along very nicely, and later died from pneumonia.

Dr. E. E. Kelly, San Francisco.—This case reported is very interesting indeed. I would like to call attention to a method of reaching the prostate and that region which has been reported by Dr. Young of Johns Hopkins. It gives very easy access by reason of a "V-shaped" incision which allows him, with his prostatic retractor, which he passes into the bladder, to bring down the prostate so that it can be enucleated in plain sight. He also leaves the prostatic urethra intact, thus saving the openings of the seminal ducts. His method removes the objection "of working in the dark" to the perineal route of reaching the prostatic region. Dr. Chismore's case is particularly interesting because of the unusual size of the stone.

\*Read at the Thirty-fourth Annual Meeting of the State Society, Paso Robles, April 19-21, 1904.



## MALARIAL NEPHRITIS.\*

By GEORGE F. REINHARDT, M. D., Berkeley.

**N**EPHRITIS from malarial poisoning is not uncommon, but is not always recognized as malarial in origin. It is patent that in many cases of nephritis the real cause is never determined, whereas it might be if physical and laboratory examinations had been made more carefully. Treatment will surely be more intelligent and successful when the infection or the toxin producing the renal disturbance is definitely known, than when medication is applied by guesswork. What makes it the more important that a malarial nephritis should never be permitted to pass undetected is that in quinin we have a specific means of destroying the toxin-producing parasite. With a specific cause-removing remedy at our hand, how certainly it must follow that correct treatment will save many a patient from a chronic nephritis and an early death.

How important a factor malaria is in the production of nephritis is shown by Thayer in his monogram on "Nephritis of Malarial Origin." He found 21 cases of acute nephritis in 758 cases of malarial fever. In 112 cases of acute nephritis under observation at the Johns Hopkins Hospital, 21 cases, or 18.7 per cent, were found to be of malarial origin. Of the 21 cases, Thayer believes that 4 may have developed later into a chronic form. Moore of Galveston, Tex., reported that 47.35 per cent, or 18 out of 38, patients with malaria treated in the John Sealy Hospital had albumin and casts in the urine; 68.7 per cent of the patients infected by the estivo-autumnal parasites were found to have nephritis. The literature on malarial nephritis gives the estivo-autumnal infections as the cause of the larger percentage of nephritis. About 3 per cent of all malarial cases are estimated as having nephritis as a complication or sequela.

Marchiafava and Bignami, in the "Twentieth Century Practice," speak of our knowledge of the pathogenesis of the lesions found in malarial infections of the kidneys as theoretical. Ewing, in the following statement, gives about what we know of the pathology of malarial nephritis:

1. Acute degeneration of toxin origin often reaches a degree in which exudation of blood serum into the tubules is added. This lesion is responsible for the majority of cases of malarial nephritis.

2. Extreme forms of acute degeneration with focal necroses, hemorrhages and exudation into the tubules of blood serum and blood pigment. This is the lesion found in hemoglobinuric malarial nephritis, and may be associated with very few parasites in the capillary vessels of the kidneys.

3. Massing of parasites in the renal capillaries with extreme degeneration of the parenchyma, hemorrhages and exudation of blood serum into the tubules. Of this type few cases are found.

Both Barker and Ewing have reported one case each where the parasites were found massed in the kidneys. But such cases are rare, these two being about the only ones reported. In pernicious infections with grave changes in the epithelium very few parasites have thus far been found. It will thus be seen that malarial nephritis must be produced by the toxins developed in the malaria-charged blood in the majority of instances. The pathological picture is that of a diffuse nephritis.

A nephritis accompanied with high fever should always be carefully investigated, because fever is not a symptom of nephritis, but when present is generally due to the primary condition which caused the nephritis. A negative blood examination is not sufficient to rule out malaria, because a history of exposure to malaria and an enlarged spleen would justify the administration of quinin, with prospects

of a good result. Moffitt verbally reports three cases of nephritis where the blood examinations were negative, but other symptoms suggested malaria as a cause for the nephritis. The nephritis quickly cleared up when quinin was given.

I present the following cases as examples of malarial nephritis. The diagnosis is fortified by the fact that with quinin recovery was brought about in each case. This in itself would be sufficient evidence of the malarial nature of the nephritis without the presence of the parasite being determined:

Case 1.—F. A., male; aged 26 years; a school teacher in the upper Sacramento Valley; family history negative; measles and chicken-pox as a child.

Complaint.—During the latter part of November, 1901, the patient began to feel languid and tired. This he ascribed to overwork. Later he suffered from headaches and pains in the back and legs. Less work and more out-of-door exercise did not improve his condition. By sheer force of will he taught till December 20th, the end of the term. He then came directly to his home in Berkeley, and went to bed. He does not remember having had any chills, although he had chilly sensations lasting for a very short time during the early part of the sickness. Not until one week before his return home did he feel feverish. About this time he noticed that he was passing less urine than before, and that it was unnatural in color. With this began a puffiness of the face and a swelling of the feet, which made it difficult for him to wear his shoes.

Physical Examination.—There was a sallow hue to the dry and harsh skin, suggesting malarial cachexia. The edema was marked in the face and extremities; some ascites; no cardiac hypertrophy; no increase in splenic dullness. Albuminuric retinitis was suggested by the slight congestion of the disk and haziness of the retina. Pulse, 95; temperature, 101.2 degrees.

Urine.—Dark and cloudy; acid; 1028; albumin, 1.2 per cent Esbach's albuminometer; no sugar; no diazo reaction. Sediment: Hyaline and epithelial casts; the field well covered with red corpuscles, and a few epithelial cells.

Treatment.—I regarded the patient as suffering from an acute nephritis, and began treatment accordingly, putting him on a milk diet, infusion of digitalis with bitartrate of potassium and hot air baths. For four days this treatment was kept up, with no improvement except an increase of 50 c. c. in the twenty-four-hour urine. The temperature would vary from 100 degrees, in the morning, to 103 degrees, in the evening. In the night of the fourth day the patient had a severe chill, followed by a temperature of 104.2 degrees. The following morning I made a blood examination, and found the estivo-autumnal parasites; 5 gms. quinin in solution was given every four hours, with a telling effect on the temperature, which gradually fell to normal in five days. The edema rapidly disappeared, and in two weeks the urine was free from albumin, and normal in amount; but a few hyaline casts could be found.

Case 2.—E. M., aged 20; a student whose home is in Illinois, returned to college in August, 1902. He was not well when he arrived in Berkeley. He had chills and fever while at home, and was given quinin in capsules. He took the quinin steadily for two months. I saw him for the first time on August 28th. He complained of feeling hot, and of having vomited several times during the night. No chills for three weeks. Family history, negative; had scarlet fever, diphtheria and measles before the age of 12 years.

Physical Examination.—The patient was a slender and pale young man; skin hot and dry; some puffiness about the eyes and a very little on the ankles; flat chest, with some depression at lower end of sternum; thorax negative; liver dullness extended to margin of ribs in nipple line. The spleen enlarged so that the lower margin could be palpated; examinations of the eyes, negative; pulse, 106; temperature, 104 degrees.

Blood.—Repeated examinations did not disclose any malarial parasites. Hemoglobin, 75 per cent (Dare instrument).

Urine.—Very cloudy; acid; 1018; albumin, .6 per cent; sediment: blood, hyaline and granular casts and calcium oxalates.

Treatment.—1.0 gm. of quinin was administered intravenously morning and evening for two days, then .3 gm. every four hours in solution by mouth. On the third day the temperature reached 99.4 degrees, and on the following day it was normal. In three weeks the nephritis cleared up, and the patient has been well ever since.

Case 3.—E. H. B., aged 28 years; civil engineer. He had been on a railroad survey in Southern Texas, and was passing through Berkeley on his way to Nevada on a similar mission. Apoplexy caused his father's death.

\*Read at the thirty-fourth annual meeting of the State Society, Paso Robles, April 19-21, 1904.

He had had chicken-pox and whooping cough when a child.

**Complaint.**—For five months before leaving Texas he had been having irregular chills and fever, but never severe enough attacks to keep him from his work. Of quinin he had taken very little, because .3 grm. a day would make his head very uncomfortable. For three days before I saw the patient he had been having daily chills. A sudden change in the color of his urine and a great decrease in the amount passed daily alarmed him; in forty-eight hours he had passed only 420 c. c. For twenty-four hours there had been frequent vomiting; the patient was restless, and tossed about a great deal. The family said that he had been talking incoherently at times.

**Physical Examination.**—The patient was of stout build, and about 6 feet high. He was very nervous; some twitching of the muscles of the face; tongue heavily coated, and a foul breath; eyelids puffy; no edema of extremities; respiration, 36; pulse, 112; temperature, 103 degrees; thorax, negative; liver and spleen both enlarged.

**Blood.**—The estivo-autumnal parasites were present in large numbers.

**Urine.**—Highly colored; acid; 1015; albumin was present, but the amount not large; no quantitative test was made; the blood and epithelial casts were abundant.

**Treatment.**—Pilocarpin, sweat, caffeine citrate, quinin intravenously and milk diet quickly restored the patient's health. Sodium bromide was given to offset the head symptoms produced by the quinin. At the end of three weeks the albumin had disappeared from the urine, but now and then a cast could be found.

#### DISCUSSION.

Dr. W. E. Bates, Davisville.—There is not much in a paper of this character for one to discuss. We have a well-known fact to consider, and that is the presence of nephritis in a percentage of cases. It is not the germ but the antitoxin of the germ that produced the nephritis, as the doctor has already stated. Malaria may be an etiological factor in cases of nephritis to the extent of about 10 per cent. This percentage in a malarial region may be doubled. We find that in about 50 per cent of malarial cases we have albumin in the urine. The author remarks that a nephritis accompanied by high fever should always be examined carefully. I had a case in a man 52 years of age, living in a malarial region, who had an afternoon temperature not exceeding 100. There were albumin and casts in the urine. He had malarial cachexia. I gave him quinin in capsules at first; then hypodermatically, which cured him. The author seems to favor intravenous injection, which I have never used. I do believe in quinin in solution, and if necessary hypodermatically.

Dr. Reinhardt, Berkeley.—I would like to express, in closing, a plea for more careful examination of our patients. We have a remedy which can benefit these patients very positively, and it is well to be sure that we are not overlooking any cases.

### PATHOLOGY AND ITS RELATION TO THERAPEUTICS.\*

By E. S. PILLSBURY, M. D., Los Angeles.

IT HAS been stated that while the study of pathology has materially advanced our knowledge of disease, and has made a science out of the art of intuitive diagnosis, it has added nothing to the bulk of our therapeutical remedies.

The older practitioner will say of pathology: "Yes, it is a good thing to know, but I have not the time to hunt for bugs in everything. I can tell when albumin or sugar is present in the urine, but what is the use of the rest of it?" The older surgeons say they can locate pus, and drain the cavity. If the pus is "sterile," the patient will get well; if not, and "blood poison" sets in, swabbing out the cavity with carbolic acid or bichloride solution, and then watching the foam bubble up after pouring in the peroxide, is the proper antiseptic treatment. The use of the horse serums is one of those new fads, and forty

years' successful practice without them should demonstrate their non-necessity, if not their uselessness. If it is a tumor to be removed, what difference is it, the variety, so long as it is out?

All modern practitioners are willing to admit that the doctor who knows most of pathology, in its fullest sense, is the most competent diagnostician; many realize that the best surgeon is the one who knows most of pathology, and there are a few who appreciate the relation of pathology to therapeutics.

It is remarkable how few there are who conceive of the term pathology in its full sense. Few realize that it may include chemical and physiological, as well as anatomical, conditions. For obvious reasons, all classroom work in the average medical school is devoted to a rather superficial study of anatomical pathology; four courses of eight months each on the top of the best entrance requirements could be devoted to training in the various branches of pathology, and the time be most profitably occupied. Were all medical men so educated in physiological, chemical and therapeutical pathology, there would be no such thing as prescribing such combinations as "neurilla," "manola," "bioplasm," "chiona," "peruna" or "Hood's Sarsaparilla"; neither would a medical man use antikamina, salferne, phenobromate, acetanilid comp., etc., one after the other, to drive away the same headache.

Pathology has too long been considered a study of death rather than of disease. Huxley has said: "There can be no doubt that the future of pathology and of therapeutics, and therefore of practical medicine, depends upon the extent to which those who occupy themselves with these subjects are trained in the methods and impregnated with the fundamental truths of biology." This can be obtained only through the knowledge of the chemistry and physiology of life.

The growth of the doctrine of toxins forced upon us by modern experimentation in bacteriology may be found in every new text-book of therapeutics. The recent studies in the action of toxins and antitoxins, on the study of immunity, on the nature and causes of diabetic coma, uremic poisoning, auto-intoxication and other pathological conditions have demonstrated new uses for old therapeutic measures; while the rapid strides which have been made since Koch's discovery of the peculiar action of tuberculin, in our knowledge of resistance and susceptibility to infection, and of the factors which produce immunity during the course of the infectious diseases, have led to the discovery of wonderfully subtle and effective substances which influence the course of disease. These discoveries have shown us the impotency of most of our efforts to obtain artificial therapeutic substances to hurry immunity and the consequent recovery, as well as showing to us the innate power of the organism to develop its own therapeutic substances within the body, which act with unflinching accuracy, to antidote the special poisons then present. This energy of animal life cannot create energy within the sick body, but only tide over the prostration of its mechanism of defense.

Arrhenius and Madsen have shown that the same laws govern the reaction occurring between toxins and antitoxins as occur in ordinary chemical processes; the law of mass action prevailing here as in other reactions.

Another point lost sight of by so many therapists is that the body, in its perfect condition, consists essentially of one and the same kind of elements variously modified. Thus it would appear that a drug capable of affecting the functions of these cellular elements, in any one stage of development or specialization, will likewise affect them in any and all

\*Read before the Southern California Medical Society, May, 1904.

stages of modification or specialization, so that certain drugs capable of acting, in proper dose, as function exciters, may, in other dosage, act as function depressors upon all of the great organ systems, the particular system affected depending on the size of the dose. An admirable instance of this has been developed by Crile in the use of strychnin. In minute dosage it has been found to be a function exciter, while in large or continued doses it acts as a depressor, especially on the vasomotor centers.

Pharmacists and chemists are continually producing new compounds for which they are trying to find some use, and consequently a market value. A few good things have been found in this way; but for the reasons given above, scientific therapeutics has received little help from this source. It is not in the discovery of new remedies, but in the determining of the reasons for using any therapeutic agent, that pathology is now chief in the science of medicine and surgery.

It is needless for me to rehearse the discoveries of the various antitoxic serums, nor to claim them as the result of pathological investigation. The subject of immunity has been developed by the pathologist, and the discovery of the immunizing and antitoxic serums has been the result of pathological experimentation. Dead bacteria or their extracts or bacterial culture products are used successfully in the treatment of sarcoma, in cholera and in plague. Could the chemistry of immunity be brought into the realm of substances which can be satisfactorily analyzed, the possibility of constitution formulae would be most alluring. We would have made a long step toward the Fountain of Youth so diligently sought by the romantic Ponce de Leon.

A discovery of as great importance to the surgeon trying to resuscitate a patient dying of shock, as the discovery of the serums was to the physician treating diphtheria, is the discovery of the blood-pressure raising principle of the adrenal gland, and the reasons for its use.

Addison was the first, in 1855, to point out the great importance of the adrenal glands to the animal economy, showing that the disease now bearing his name was due to lesions of these bodies. Attention thus attracted to these glands has developed the fact that they secrete a substance which apparently controls blood pressure through the sustaining influence it exerts on the vasomotor center. Until recently the pathology of shock has not been understood, for the reason that no distinctive lesions are demonstrable at the autopsy. The gross appearances are those usually found in cases of sudden death or death from exhaustion. The heart may be stopped either in systole or diastole. The brain may be either congested or anemic. The lungs are usually in a condition of congestion and edema, which, however, may be due to the anesthetic. The blood is dark and fluid in consistency; immediately before death the blood from the arteries is as dark as that from the veins.

It is needless for me to describe the clinical picture of shock; exhaustion in every feature and function; the anxious expression, pinched face and pale, drawn lips; the cold beaded sweat and glassy eyes are familiar nightmares to all of us, when, after finishing a difficult operation, we look to the condition of the patient with the hope that the work will not be for naught. Crile, in a series of most interesting experiments, has demonstrated that shock is a condition of physiological pathology consisting in a diminution of the blood pressure due, not to exhaustion of the heart muscle, nor of the cardiac centers, nor of the blood vessels, but to an exhaustion of the vasomotor centers. Kinnaman has demonstrated

that the degree of shock may be measured by the temperature of the body of the subject, and that the increased loss of body heat incident to contact with cold during an operation results in a greatly increased degree of shock.

Given the cause, the treatment is simplified. Crile has carefully determined that one is not justified in attempting to reduce or treat shock by the routine administration of the so-called shock tablets, or even physiological salt solution as usually given. He has demonstrated that in shock, alcohol produces a further depression; the same was proven with nitroglycerin and amyl nitrate. Digitalis will sometimes cause a slight rise in blood pressure; but from too large a dose the heart will become irregular, and death may come suddenly from cardiac failure. Strychnin will sometimes give a slight rise in the blood pressure, the effect lasting but a few minutes, when the blood pressure falls to a lower level than before the injection was given. In any degree of shock, after the administration of the therapeutic dose of strychnin, the animals passed into deeper shock. It was further demonstrated that strychnin caused death in shock by exhausting the vasomotor centers.

Crile states that there is no practical distinction to be made between external stimulation of this center, as in injuries and operation, and internal stimulation by strychnin. A statement of this nature cannot be made too emphatic. We, all of us, have seen strychnin given empirically when it must have been injurious, if not fatal. I have seen it given when the pulse was too weak and too rapid to count (the heart beating 190 per minute as counted by the stethoscope), in doses of 1-30 grain every hour. The heart rate was slowed from the paralysis of the vasomotor center, and because of this slowing the physician in charge continued the drug.

Ever since Oliver and Schaffer first announced the remarkable action of suprarenal extract upon the vascular system investigators have been working on the extract, and have found it to be the most powerful vasoconstrictor, as well as the most active cardiac stimulant known; but it remained for Crile to demonstrate the remarkable results to be obtained from its use in shock. He has shown that in the normal animal in every degree of shock and collapse when the medulla was cocaineized; when, in addition, the spinal cord was cocaineized; when the cord was severed, and when, in addition, the medulla was destroyed when the splanchnic nerves were severed; when the heart, the respiration and the vasomotor action were arrested by 2300 volts of an alternating current; when the animal was decapitated, and when it was apparently dead as long as fifteen minutes, epinephrin administered intravenously caused a rise in the blood pressure.

It has been my privilege to use epinephrin solution after nine of the laparotomies I have performed during the last three months with the result of markedly lessening the shock and hastening recovery, giving it hypodermatically five to ten drops in salt solution every hour until evidence of shock had disappeared. The application of heat I consider of utmost importance as a prophylactic measure as well as for treatment of shock; and I may here mention that in the hospitals of Los Angeles I know of not one heated operating table. The patient, clothed only in a nightgown, is brought into the operating room, which, without special instructions from the surgeon, is rarely over 80 degrees Fahrenheit (and I have seen it as low as 65 degrees Fahrenheit), and put on to a cold metal or plate glass table which is covered with a folded sheet. Rarely are any means used or obtainable, with much loss of time, to restore, or even maintain, a normal body heat, and yet many



surgeons wonder at the amount of shock from a comparatively slight operation.

Epinephrin solution has been used in pneumonia with particularly satisfactory results; just before the crisis, when the heart shows signs of exhaustion and the blood pressure is far below normal, the intravenous infusion of epinephrin in physiological salt solution, 1 to 100,000, will raise the blood pressure to normal and hold it there for about twelve hours.

Sajous states that the long line of research into the physiological action of some forty of the more important drugs and venoms has brought out a similarity of the action of poisons, including toxalbumins and venoms, to the phenomena that ensue after the experimental removal of both adrenals or of hemorrhage into these organs. Sajous undoubtedly refers to the depression and chemical shock to the system coincident with the absorption of the poison, so that epinephrin solution would be indicated to alleviate the shock. Again, Klapp has shown that epinephrin inhibits absorption, another reason for its use in poisoning.

Josue has suggested that arterial atheroma might be due to the pathological action of the suprarenals when he observed that high tension which is induced by the injection of epinephrin. This theoretical assumption was corroborated by experimental research, and now he announces that the necropsy of three subjects with arterial atheroma still further confirms it. All three exhibited the anatomic evidences of hyperfunction of the suprarenal capsules. There will undoubtedly be many adverse reports regarding the use of epinephrin solution in disease of the heart because so few take the trouble to measure the blood pressure before prescribing. Epinephrin is not indicated in conditions of excessively high blood pressure.

Another gland which is now being investigated as to its use in the animal economy is the thyroid; it is probable that an extract will be separated from this gland that will rival the adrenal in its importance; for while it has been shown that the adrenal is our most powerful vasomotor and cardiac stimulant, I believe an extract will be obtained from the thyroid that will be a physiological opposite of epinephrin, and be of much use in those conditions of excessively high blood pressure such as are found in arteriosclerosis, some forms of nephritis, diabetes mellitus and other nutritional diseases.

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**Duty to the State.**—I would earnestly plead, in addressing this audience, and especially the members of the high and honorable profession which has given this gift to the nation, that you never for one moment allow yourselves to forget that the well-being of the Republic ultimately depends on the way in which, as a rule and habitually, the best citizen of the Republic does his duty to the State; and that we have a right not merely to expect, but to demand, from our hardest worked men, from the leaders of the great professions, the full performance of that public service, which consists in a zealous, intelligent and fearless performance of the ordinary duties of public life by the ordinary private citizen.—President Roosevelt in accepting the Rush Monument.

## REPORT OF COMMITTEE ON MEDICAL EDUCATION AND LEGISLATION.\*

By H. S. ORME, M. D., Los Angeles.

AS TO the topic of Medical Education, it is our opinion that its present status in California is reasonably satisfactory. To the older members of our profession it is especially apparent that the means and results of instruction in the schools, within the last quarter-century, have grown far beyond what was expected. The action of the National and State medical associations in demanding a higher standard of proficiency, deserves the credit for this improvement, which has been gradually effected by extending the period of medical study from a nominal three-year course, of four months (generally an actual two-year duration) to a four-year course, with lectures during the greater part of all the years. Instead of merely a repetition of the annual didactic lectures, a graded course of lectures, combined with extensive laboratory work on practical lines, has been evolved, and clinical instruction has been magnified.

The emphasis laid upon laboratory and clinical instruction cannot be exaggerated, because of the need of equipment for immediate service. The conferring of the degree carried with it inferentially the elevation of the student to an equality with his teachers. While in fact this cannot be, yet in so far as concerns responsibility it may be. For in time of urgent need, whether medical or surgical, the most accessible help is first in demand. Hence it would seem wise, if it could be made practicable, as has been recently suggested by Drs. Osler, Holmes and others, before a license shall be granted by the State Board to require a hospital experience of six to twelve months.

It is within the memory of some here present, when there was no test of education preliminary to medicine, except first signing the college register and finally offering a thesis, which might not have been the work of the candidate. Under the system of forty years ago, it was indeed possible to earn legitimately a medical diploma without knowing A from B, though no instance is known.

Right here is the proper place to observe that the greatest defect in the equipment of medical men to command the respect and serve the wants of the communities where they live, is found rather in their general education than in their professional training. The nominal requirement of a high-school diploma, or its equivalent, would for the present be satisfactory; but there is good reason to believe that this condition is greatly relaxed. The explanation is, that medical examining boards leave the matter to the schools, and the professors are mainly dependent on student tuitions as compensation for their services.

It is both desirable and practicable that our profession should compare favorably with the legal and clerical in general education and culture; but in actual fact we have always ranked somewhat lower. The contrast is less marked now than it was formerly, but it will be our own fault if such distinction continue. The remedy is plain, but the schools should not be expected to apply it. The Board of Medical Examiners should be made responsible for the preliminary education of medical students, as well as for their professional acquirements, and this part of their duties should be discharged before registration in the schools, as is the case in England.

A good deal has been said latterly about reciprocity between the several states in respect to medical qualifications. California has already taken a right step in authorizing our medical board to pursue this course with other boards, and in time it may become custom-

\*Read at the thirty-fourth annual meeting of the State Society, Paso Robles, April 19-21, 1904.

ary. In connection with the annual meeting of the American Medical Association there might be formed a joint organization of State Medical Boards to agree upon some plan for uniformity. In the course of a few years it could be put in working order, so that physicians migrating to other states need not be obliged to undergo the cost and trouble of renewed examination.

As to medical legislation, it is our opinion that the most pressing need is to make effectual the provisions already enacted. Various unprofessional acts are already defined as felonies and misdemeanors, but are practically condoned, inasmuch as the penalties cannot be enforced. Prosecution for the crime of procuring abortion is rare, from difficulty of obtaining proof, and conviction still more so, on account of legal technicalities. The unlawful practice of medicine by unregistered persons is open and flagrant, through faulty adjustment of penalties. These are points which require the best legal advice; and, since it happens that eminent lawyers fail to draw up sound testaments for disposition of their own estates, it is not strange that medical legislation should often, if not generally, be found defective.

In legislative bodies composed largely of lawyers, it seems reasonable to the average mind that judiciary committees might contrive to make a larger fraction of their work pass the ordeal of the courts. If law is a science at all, it must be shockingly inexact or monstrously difficult of comprehension; it would be a great advantage, were it practicable, to determine the soundness of laws before enactment.

The sale of poisonous drugs, especially opium and its derivatives, and cocaine, needs better safeguards to restrict abuse. Suppression is not expected, but it should be made more difficult to obtain them without the physician's order. Here again the trouble is in enforcement of penalties.

We would recommend repeal of the act of 1891, which provided for the appointment by the Governor, of an Attorney for the State and San Francisco Boards of Health, inasmuch as this office is intended and used solely to pay political debts. At the same session of the legislature, and also the previous session, the State Board of Health favored a bill providing for a State Sanitary Inspector, which passed both senate and assembly, but failed of executive approval. The plea of economy was the transparent subterfuge, in face of approval of the bill for an attorney, not needed for sanitary purposes, and useful only for political speeches. Despite this failure the need for this inspector is even greater than ever, and every legitimate effort should be made to effect his appointment. The National Bureau of Health is out of politics, and ready to give aid in emergency, as it has lately done. As to a sanitary survey of the State of California, it is not less needed now than earlier, but it is evident that political conditions and demands still threaten to interfere with the execution of this, and other important and legitimate functions of the State Board of Health.

Undoubtedly, it is proper that medical, and particularly sanitary legislation should keep somewhat ahead of public opinion; but we must not expect the latter to be led by the former unless they keep in sight of each other. We are therefore of opinion that legislative activity in matters of interest to the medical profession should be conservative, by making more effective what the law-makers have already granted. However, should the State Board of Health offer any further plans for the increase of its efficiency and usefulness, your committee pledge their cooperation in every way possible.

#### DISCUSSION.

Dr. Carl R. Krone, Oakland.—A report like the one we have just listened to cannot fail to enlist the at-

tention and consideration of every member of this body. It is not true, as some would have it, that we are only a scientific body, nor are we here merely for the purpose of renewing social and professional relations. The matters of medical education and legislation should have, and have had, the service and labors of the most prominent and most experienced members of the State Society. We younger men hear with pleasure of the advanced and advancing status of medical education in this, our state, and in other states. The chairman of your committee points to the relaxed condition existing in the requirements for entry upon medical studies. Even the high school diploma does not represent a reliable average of general education, still less a good average of special preparation for the study of the medical sciences. The aims in the individual branches are too high, leaving those who do not succeed in attaining them with a low average of general education. A medical education built upon such a foundation may succeed in the construction of a scientifically erudite mind, but it will have a tendency to leave it far below what is easily attainable to the students of the legal and clerical professions. The student in medicine, then, should have a more liberal education than the student in law or theology. I fear that if the requirements of a high school course were to be determined by a board of medical examiners this course, on account of our present tendency toward scientific medicine, would be arranged with a view to more special and less general education. What we need, however, is not a higher average of education in the classes, but rather the more general attainment of a perhaps lower scientific average of the masses. In Germany the aspiring physician must have the best classic education obtainable outside of a university and the educators of that country do not seem willing to yield to efforts made to bring about changes in this direction. I do not see how the Board of Medical Examiners in this country could be "made responsible for the preliminary education of medical students as well as for the professional acquirements," nor how "this part of their duties should be discharged before registration in the (medical) schools." As a substitute for or as a modification of Dr. Orme's idea, I would suggest that the Board of Medical Examiners hold an examination for students who have finished their second year of college work. Such examination corresponding to the German "Physicum" could embrace physics, chemistry, anatomy, physiology, materia medica and bacteriology, also one or two general branches as electives, such as English literature, Latin, Greek, German, French, botany, zoology, algebra, etc. If this examination be made a requirement for admission to the higher professional or final examination, men of unsatisfactory scientific or general educational attainments could be prohibited from attending a medical course for which they are unprepared. This test would also operate toward the equalization of the qualifications of all students of medicine whatever pathy they might afterward choose to elect. It would avoid the possibility of reproach of undue discrimination of the Board of Examiners against less favored schools, and would prepare a way for the ready interchange of students between the different medical colleges, thus tending to equalize the medical courses at these colleges. As an indirect result it would tend to influence preliminary education before registration in medical schools, as the aspirant would have before him in a not too distant future an examination of definite requirements. Thus Dr. Orme's desideratum would find indirect fulfillment. Interstate reciprocity, so much spoken of and desired, could be more readily accomplished as the "first medical ex-

amination" (physicum) could be made uniform in all states and for all schools, and would thus prove an insurmountable bar to empirics, not by having to pass it repeatedly, but by having to pass it once. It could be made a much more rigorous test than the test before the state boards now is in the branches mentioned.

As to better safeguards against the abuse of poisonous drugs, it seems to me that the unlawful possession of the same and the evidences of unlawful use of the same are, or should be, punishable. Evidences could then be more easily adduced and penalties more readily enforced. When murder is committed with a gun, nobody thinks of accusing the maker or the seller of the weapon of murder, but the one who abuses the same is punished. The alcoholic who offends public decency should be put to hard labor and the rumrunner who encourages the abuse of liquor should be fined. The same holds true with regard to other drugs and poisons.

I hope that this meeting will not adjourn before it has formulated a request for a State Sanitary Inspector. The lowered death-rate of large cities is due to preventive medicine. "A commissioner of health of a great modern city is the greatest saver of lives," likewise a State Sanitary Inspector could be the greatest life-saver of our state, and if multiplied by the number of states in the Union, he could be, or rather they could be, indeed savers of life. I humbly and with all my heart endorse every thought which the honored chairman of this committee has brought before you today.

Dr. T. C. Edwards, Salinas.—I have come from the country, and probably we will be more interested in the improvement of medical education than those members in touch with the members in the larger cities. The step of increasing the standard of medical education is certainly a good one, but there might be some improvement made in the manner of determining the older practitioners who should be allowed to practice in our state. In our town two men went before the board and failed, and it seems to me that if I were required to take the examination, I would fail, too, though I suppose that I might be considered an average country doctor. The suggestion of Dr. Krone seems to me to be a good one; that is, that a man be required to pass an examination at the end of the second year; it would relieve him from having to pass that examination again. We naturally get rusty in many of these things. With regard to legislation, that can be handled very easily. There is no question but what, with thorough organization, it could be an easy matter. The average person in the country thinks that when a man asks for some act to be passed in the legislature, he has an ax to grind. There is no selfishness in the questions asked for here by these men, but questions of public good, and we should make the public see that it is for their good, for the prevention of disease; then it will be an easy matter for us to get what we want.

Dr. Wills, Los Angeles.—I did not hear this paper, but I heard the concluding remarks of the last speaker, and I think that if he had been at Sacramento with us he would have found out that you cannot convince the public. It is very hard to convince the general public. They seem to think that they know more than we do.

Plague in Check.—It speaks volumes in favor of the policy pursued in San Francisco by the joint health commission—national, state and municipal—in the record of no deaths from the plague in 131 days past; and yet, according to the daily press, there is quibbling over the pay rolls by a committee of the Supervisors.

## ACUTE GASTRO-ENTERITIS.\*

By CHAS. ANDERSON, M. D., Santa Barbara.

IT IS true acute gastro-enteritis, or, as it is now the fashion to call it, gastro duodenal catarrh, cannot be scientifically demonstrated as being a specific and distinct disease; yet from the practitioner's point of view, it is an entity, serious enough to require his most earnest consideration, and demand his most careful treatment and care.

While the greater number of cases occur in children, it is by no means an unknown occurrence in adults, and I believe that it is not at all unusual to have it overlooked or mistaken for other troubles. It is not as common as simple acute gastritis, nor is it so easily brought under control; and though it can hardly be classed as being a highly dangerous disease, it is more to be feared than simple acute gastritis and the mortality is greater.

Etiology.—In children it is most frequently caused by unripe or overripe fruits and vegetables and other unhealthful foods, and sometimes from overeating of perfectly healthful stuffs improperly cooked. In adults (in men especially) it is caused by overeating combined with the overindulgence in alcoholic liquors. Champagne and shellfish are often the cause, but plebeian beer, especially when slightly sour, is as liable to blame as its more aristocratic kinsman. Cold and moisture are likewise said to cause it in many cases.

Symptomatology.—Soon after an overindulgence or an exposure to wet and cold after a heavy meal, there is a sense of heaviness or distension in the region of the stomach; which may or may not be relieved by belching. In a few hours it will probably develop into a steady burning pain in the stomach and colicky pains in the upper bowels. As a rule, if the bowels move spontaneously these first symptoms pass away for a time. In from fifteen to eighteen hours, there will be severe pain and burning in the whole region, accompanied by nausea and vomiting and often diarrhea, the vomited matter generally being alkaline or neutral. Diarrheal dejections are frequent and are likewise apt to be alkaline.

Physical examination.—Palpation shows distension and gurgling of the upper abdominal region and great sensitiveness to pressure, and decided local heat.

Temperature.—Temperature is rarely 103° F., generally 102° F., rarely showing much diurnal variation, and its decline is rapid and steady.

Diagnosis.—As a rule diagnosis is easy. The differentiation from typhoid is not difficult, as the temperature in simple acute gastro-enteritis is at its maximum in almost as many hours as it takes typhoid days to develop, and it has none of its other clinical features. From simple acute gastritis it is more difficult to distinguish, but there is one symptom of gastro-enteritis that is wanting in simple acute gastritis; there are no colicky pains in the upper abdomen. While I have seen the temperature of simple acute gastritis as high as 105°, I have seldom met a case of gastro-enteritis much above 103°, and it seems less liable to become chronic.

Clinical aspects.—I will recite two cases to illustrate the clinical character of the ordinary cases that require treatment and management at our hands. As a rule I believe the management of a case of more importance than the mere treatment.

A few weeks ago a Mexican came to me and said that his six year old boy was not very well, and wished me to see him. I learned at this time that the boy had visited his grandfather the day before and had eaten freely of green grapes.

My first visit was at 9 A. M. and I found him apathetic, tongue thick and furred, pulse 120 per minute, temperature 103°, respiration 18; abdomen distended and soft, hot to touch. He made no complaint on firm pressure.

\* Read before the Santa Barbara County Society.



His mother reported his bowels had moved about a dozen times during the night and morning. I gave him calomel and soda and ordered that his abdomen be hot packed and the rest of his body be cold sponged every two hours. I saw him again at 5 P. M. and found his condition about the same. I continued the calomel and soda and gave directions to continue the cold sponging and hot pack. The following morning his temperature was still 103° but otherwise he seemed better, his pulse being 100. His mother at this time was very anxious to know what he was to eat. I told her to give him nothing till I should give her orders to feed him, and warned her that if she starved the boy now he would live, and if she fed him, he would die. At 5 P. M. he was slightly better, but his temperature was still 103°. I now learned that his mother had kept the hot pack to his abdomen, but that she had been giving him warm sponge baths every two hours instead of cold because she "was afraid to drive the fever in on him." After a forcible talk, the mother consented to carry out the bathing as directed, and next morning the temperature was 102°, and the following evening 101°, and from that time on the convalescence was continuous and rapid, the patient being discharged on the eleventh day. The only medicine other than calomel and soda was equal parts of pepsin and bismuth subnitrate. The strict fast of the first three days was the most important element in the management of the case.

The second case that I shall report is that of a soldier of the Thirtieth Infantry, who, being anxious to part as quickly as possible with the wealth he had inherited from his Uncle Sam, had liberally indulged in tuba and other oriental and tropical curiosities in the way of food and drink. The next morning at sick call he presented himself at the hospital, acknowledging that he had partaken freely of tuba. He had been vomiting almost constantly for three hours. His bowels had moved some five or six times and he had great pain in the abdomen. His temperature was 104° and his pulse 110. He was given calomel and soda and was to have nothing in the way of food until ordered, which proved to be sixty hours. That evening his temperature was 103° and the next morning 102°, and the vomiting was under control, and everything looked like plain sailing. On the evening of the third day he was allowed a small quantity of malted milk and apollinaris and it was continued on the fourth day, the temperature gradually abating till on the evening of the fourth day it reached 100°. On the morning of the fifth day the acting steward met me with the information that when he went through the ward shortly after six o'clock the nurse had reported this man's temperature as being 99.6° and he was bright and cheerful. At half past seven when he went through the ward just before sick call, he found the man vomiting and complaining of severe pain in the stomach and his temperature was 103°. He was again given calomel and soda and the milk and apollinaris discontinued. The vomiting proved so severe that oxalate of cerium was given but without effect. For the next four days the temperature varied from 103° to 105°. There was pain and slight distension over the stomach, and over the bowels shifting colicky pains. Diarrheal discharges were frequent, containing much mucus but with no tenesmus and very slight odor. About noon of the ninth day the temperature dropped to 102° and did not rise again. His pulse, which had been from 110 to 118, rose to 125. A clear case of collapse from exhaustion. Hot packs had been constantly applied to the abdomen and cold baths to the rest of the body from the recrudescence of the trouble. The heat and moisture had controlled the pain in the stomach and bowels. Bismuth and pepsin was the only thing that had any effect on the vomiting, and it was only partially successful. The patient died during the fore part of the night of the tenth day, worn out apparently by the almost constant uncontrollable vomiting.

I have reported these two cases simply to illustrate how cases will vary where the initial cause is well known. In obscure cases, or where there are complications, we may expect trouble at any time, but in plain uncomplicated cases a fatal termination is very rare. But in these cases a slight indiscretion unknown to the attending physician will make all the difference in the result.

Treatment.—In the way of treatment I know of nothing new to offer or suggest. It has been a rule with me to begin with a purge of calomel and soda. Then for the next two or three days to keep the patient fasting. The hot pack on the abdomen will in nearly every case give relief from the pain and often helps to control the vomiting. Sometimes, however, a cold pack will give more comfort and relief than the hot one. Whenever the temperature gets near 103°, as in other inflammatory troubles, I give a cold sponge bath and repeat it as often as is neces-

sary to keep the temperature down. Internally, I get more benefit from bismuth and pepsin than anything else. I give it in equal parts and do not give the doses close together, believing that the stomach should not be teased by medicines or food at short intervals. As for food, I only give milk and aerated water of some kind, and then only after all vomiting has subsided. Beef tea and broths and soups all seem to do more harm than good. Tea, either hot or cold, I have found injurious on account of the tannin. Cracked ice, if you are sure it is made of distilled water, in cases where the cold pack gives more relief than the hot, will be found to be grateful to the stomach, and sometimes seems to do good. Small quantities of carbonated water at short intervals may be given. Hot milk has been a failure in my hands, though I have tested it faithfully. As a rule the pain is not severe enough to require a hypodermic of morphia; morphia does more harm than good, and in the majority of cases the hot pack controls the pain just as well. Often in the early stages a mild mustard plaster will apparently abort a case, and nearly always gives great relief. After the case has been fully developed it does no good and is a discomfort to the patient.

Geographical distribution.—From my personal observation I am led to believe that it is slightly more prevalent in the southern part of this country and in the tropics, e. g. in Southern Texas and the Philippines, than in the northern part of the country; but southern latitudes seem to make no difference in its severity, differing in this respect from other abdominal troubles.

I think it possible, if not probable, that it is more likely to become chronic in southern and tropical locations than in the north and in that way leave its victims dyspeptic invalids.

## THE COMPLICATIONS AND SEQUELÆ OF MEASLES.\*

By J. MAYER, M. D., Oakland.

BELIEVE it is usual for a chairman, as a preliminary, to say something regarding the status of the work in which his section is particularly interested and especially with reference to what has been accomplished during the preceding year. Since our last meeting I do not remember that any particular feature of our work has assumed special prominence. Perhaps the things which have recently claimed most of our attention are the control of the exanthemata and infant feeding—the latter including our milk supply.

Although smallpox and diphtheria have been placed somewhat under scientific control, the remaining exanthemata, with mal-nutrition, are, with the one exception of abortion, responsible directly or indirectly for the greatest destruction to human life in what might properly be called its incipency. Our investigators are giving special attention to these subjects, and their work for the past year has been in keeping with general medical progress. The question of a specific for the prevention and cure of the remaining exanthemata is undergoing investigation, and we hope is in a fair way for solution in the near future. But while the medical world awaits the outcome it is for us to make the best use we can of the means at our disposal in the management of those diseases which we have not yet learned how to prevent.

To take the place of an extended commentary on the present status of pediatrics I have chosen to present a short paper on the complications and sequelæ of measles, with a few suggestions relative to their prevention. It is, unfortunately, true that there is little to be said on this subject which is new, and I

\*Read at the Thirty-fourth Annual Meeting of the State Society, Paso Robles, April 19-21, 1904.

shall, therefore, be able to do little more than refresh your memories.

Measles, as we usually see it, is a disease attended with discomfort rather than danger, and requires little more than judicious nursing. It is dangerous only in its complications; however, it is doubtful whether there is in the human body a single tissue which is exempt from the possibility of modification, temporarily or permanently, as a result of an attack of this disease. It is not the intention to in any way try to exaggerate or to attach undue importance to insignificant conditions, but to express my belief that ordinarily measles does not get the consideration which its importance demands. And medical men are beginning to find this out.

It is hard to combat the old notion that measles is something akin to a common cold with a rash, and that there is nothing to be done but keep the patient warm. It is also difficult, as you know, to have people accept a new medical idea, which is not to be wondered at. The truth is that we, ourselves, too often encourage indifference by some such remark as "It is only measles."

Gentlemen, experience has taught me that every case of measles should be looked upon by a physician as involving not only the question of the future usefulness and well-being of the subject, but even that of his life.

The complications and sequelæ of measles, immediate and remote, are so many and varied that I shall only have time here to deal with the most common and dangerous ones.

On account of the catarrhal accompaniments of this disease and the favorable conditions thereby afforded for the development of the various micro-organisms, the mucous membranes, and particularly of the respiratory tract, are most apt to suffer. The most frequent, as well as the most dangerous complication, is broncho-pneumonia. It occurs, perhaps, in from five per cent of cases under favorable conditions, to twenty per cent, or even more, in severe epidemics. It is more liable to prevail in institutions where children are crowded together. Of all the complications of measles, this is the one which furnishes the highest death-rate. Broncho-pneumonia is generally a secondary infection—always so in fatal cases. It usually starts up during the eruptive stage, but may come on at any time. The indifference of parents and the carelessness of nurses are responsible for many cases of broncho-pneumonia occurring during convalescence. It is not always due to neglect, however. A certain percentage of the cases are bound to go wrong in spite of all precaution, for in many children there are latent conditions which need only an exciting cause to light them into activity, and this stimulus is furnished by an attack of measles.

It is not always easy to mark the point at which the usual bronchial catarrh merges into pneumonia, but the absence of general improvement at the time it is to be expected should put the physician on his guard. The condition is generally indicated by the usual manifestations; but not infrequently it is present in the almost total absence of abnormal physical signs. If the temperature does not fall with the full development of the eruption, or, when after subsiding, it rises again without evidence of throat, ear or gland involvement, broncho-pneumonia is to be suspected. Furthermore, if, in addition to the high temperature, the patient shows marked dyspnea, rapid pulse, painful cough and general distress, the condition hardly admits any other interpretation.

The broncho-pneumonia of measles does not seem to differ in any marked way from that of an ordinary case, with the exception of the greater liability to exhaustion from the multiple intoxication; and also in

the tendency of all measles complications to assume the chronic form.

Lobar pneumonia may simply be referred to as one of the occasional complications. But some authorities are inclined to the opinion that the specific poison of measles produces a special form which tends to tuberculosis.

Another of the dangerous and rather common complications is laryngitis, which may be of various types and degrees of severity. This complication, according to Holt, furnishes, next to pneumonia, our greatest percentage of deaths. The simplest form is but an aggravation of the usual catarrh accompanying measles. However, it occasionally assumes a spasmodic element dangerous to very young children. More dangerous still is the membranous form. Experience has shown that, as a general rule, when this complication appears early in the disease, it is caused by streptococci; but later on it is more probably true diphtheria. In aggravated cases of this type, the chances are always against recovery. Fortunately, it is not very common in private practice. When this condition has progressed so far as to demand surgical interference, and after a judicious use of the serums, very little is to be hoped for.

Otitis media, with all its possible concomitants, is, perhaps, the next complication, in point of frequency, with which we are confronted, and is the one which, of all others, probably entails the greatest amount of suffering. It is secondary to pharyngitis, and generally comes on late. Earache is more or less common in the eruptive stage, but it is often temporary and subsides with the eruption. When, however, secondary infection occurs through the eustachian tube we have, not only an obstinate, but a dangerous condition to deal with. I am reminded of a patient of mine, a boy of fourteen or fifteen years, who presented one of perhaps a dozen cases of measles which I have lately had occasion to attend at an educational institution in Oakland. There was nothing unusual in the case till about the twelfth day, when, without any warning, and even while still in bed in a warm room, he was attacked with otitis media. The fever and pain increased rapidly—the former reaching 106° on the second day. He was removed to the Waldeck Hospital, in San Francisco, where the mastoid cells were twice operated upon. I believe he has just left the hospital, after a slow recovery. Another of the twelve developed broncho-pneumonia without any apparent cause beyond that of having had the measles. I need not recount to you the evil possibilities of an attack of otitis media. Not only is the impairment of hearing probable but the chances of living through it are sometimes exceedingly slim.

The gastro-intestinal tract is also subject to various derangements and should receive close attention. These disturbances may range anywhere from catarrhal diarrhea to membranous colitis, ulceration, hemorrhage, etc., with their attendant consequences. They arise from a combination of two causes: first, indiscretions in feeding; and second, excessive secretion in the elimination of toxins. As a rule, the younger the patient the more liability to digestive disturbance.

A mild conjunctivitis may be said to be almost a part of measles, but now and again, particularly in strumous children, the deeper eye structures, especially the cornea, may be the seat of destructive changes.

The condition of the mouth, tonsils and pharynx, as well as of the upper air passages, during an attack of measles demands, and should receive, the closest attention. If, in the absence of proper care, or in spite of it, abrasions of the mucous surfaces occur, absorption of septic material and consequent poison-

ing of the glands and deeper tissues, with all that it implies, is not only possible but extremely probable.

A complication which occurs often enough to be noted here is suppression or delay of the eruption, and when it arises, from whatever cause, it should give us no little concern. The causes which bring this about are exposure to cold and over-feeding with consequent excessive vomiting, in the prodromal stage. It may be a combination of both. Another cause is general low vitality—a lack of sufficient systemic energy to get up a reaction. For days the little patient may not be able to retain a particle of nourishment. The temperature will drop below the normal, the virus of the disease seems for the time to have overwhelmed the vital powers, and a state of coma, with general tendency to collapse, supervenes. This condition calls for prompt measures. Warm and stimulating applications to the surface, rectal feeding, with rectal and hypodermatic stimulation, should be resorted to for the purpose of sustaining the patient and bringing about a reaction. The heart action in these cases is usually very slow as a result of the poisoning of the nerve centers, and it requires close watching till the eruption is established.

There is not much tendency to involvement of the nervous system. Convulsions from hyperpyrexia in the early stages are occasionally seen in younger children. When they arise later on they are in this, as in other diseases, of much concern, depending usually on some dangerous complication. Mental derangements occur now and again, but are generally evanescent; much depends upon individual temperament.

The foregoing are the common complications for which, in every case of measles, we should be on the lookout. The occasional complications, however, must not be overlooked. I shall mention here only a few of them: Meningitis, nephritis, myo-, endo- and pericarditis, pleuritis, vulvitis and acute synovitis. In parturient women, or in those aborting, the existence of measles predisposes to septic infection.

The relation of measles to other diseases has long been a matter of speculation by the medical profession. It has been noticed that measles is exceedingly liable to be followed by other diseases. Particularly is this so with whooping cough and tuberculosis. Is measles the predisposing cause of other diseases, or is it merely the agency by which a latent infection is aroused to fresh activity? Is whooping cough a separate entity, or only a manifestation of nervous instability or irritation arising from some unknown source? One would expect that its apparent contagiousness ought to have a bearing on the settlement of this point. If the first theory be correct, measles certainly furnishes an opportunity for the easy introduction of whooping cough, as well as of tuberculosis, by the breaking down of the normal systemic defenses. Tuberculosis is the most common of the sequelæ of measles, and particularly the pulmonary variety. Tubercular involvement of the glandular system, and also of the joints, will be found as sequelæ of measles, according to the varying degrees of susceptibility.

A few days ago I was rather unexpectedly confronted with the question of how far secondary infection by measles may aggravate other diseases or systematic tendencies. Ten days after the apparent termination of an attack of measles the subject, a railroad man, left the S. P. Hospital in San Francisco and went to his home in Oakland. That night he died suddenly. Through the courtesy of Dr. Milton I was present at the autopsy, which revealed a state of things somewhat interesting. The postmortem lividity seemed to me somewhat exaggerated. The blood vessels of the brain and meninges were considerably in-

jected. The same condition obtained generally through the abdominal viscera. There was quite a degree of opacity of the arachnoid membrane, and also of the sub-arachnoid fluid, but no increase in the quantity of the latter. There were extensive adhesions of the right pleura which, however, did not seem to be of recent causation. The heart was sent to the laboratory of the Oakland College of Medicine, and the following is a summary of the findings: "Heart soft, flabby and heavier than normal, left ventricular wall thickened. Endocardium the seat of extensive inflammation, as well as the muscle wall. Inflamed circumscribed areas varying from the size of the thumb-nail to that of a twenty-five cent piece, found in both auricles. Endocardium generally cloudy. The tricuspid and mitral valves are extensively inflamed, especially the left, which is indurated to a semi-cartilaginous consistency. On both surfaces of the mitral valve recent ulcerations contain numerous staphylococci and pus cells. A plastic adherent exudate is apparent throughout the muscular bands of the left ventricle. The chorda tendinæ are thickened and some of them seem semi-fibrous. Sections of tissue from the heart wall show extensive infiltration of small, round cells and microorganisms in the neighborhood of small blood vessels, and also scattered through the tissues. Diagnosis—Ulcerative endocarditis and myocarditis."

The record of the case at the hospital revealed the fact that three years previously this man had a venereal sore. Now, what caused the endocarditis? Was it measles, or was it syphilis aroused into fresh activity by the presence of measles? If measles can infuse new life into latent tuberculosis and other diseases, why not into syphilis? In any case it hardly admits of a doubt that measles figured prominently in this man's trouble.

The sequelæ of measles affecting the skin are from their frequency and relative obstinacy, particularly in subjects constitutionally handicapped, entitled to special consideration. Corlett says: "From the wide spread vascular disturbance of the skin, and consequent disruptive condition of the cuticle, extraneous pathogenic organisms readily gain access to the underlying structures." This probably explains why cutaneous diseases are so frequent after an attack of measles. Eczema furunculosis, abscesses and even lupus may originate in this way. Some of the occasional, but none the less important sequelæ are, Blepharitis, corneal ulcers or scars, granular lids, chronic conjunctivitis, otorrhea, chronic nasal catarrh, chronic gastro-intestinal catarrh, chronic nephritis, chronic synovitis and periosyitis, deaf-mutism, chorea, epilepsy and various other forms of nerve derangement.

In measles, as in obstetrics, the great majority of cases will, with ordinary attention, take care of themselves. In the one condition, however, as in the other, there is a considerable percentage of cases which require the careful watchfulness of the trained physician to prevent complications, or to cope with them as they arise. The precautions to be adopted for the prevention of complication in measles are, in the light of our present knowledge, nothing more than what common prudence should dictate.

When a child is taken sick, the first thing to do is to surround it by proper hygienic conditions. It should be put to bed in a warm, well ventilated room, and a competent nurse put in charge. The room should be shaded, not darkened, for darkness is not generally conducive to well-being in sickness any more than in health. The kind and amount of food should be properly regulated, and should be entirely liquid till the patient is convalescent. The patient should have access to plenty of good drinking water to quench the thirst and to aid in systemic irrigation. The many discomforts must be met as they arise.



The air of the room ought to be kept moderately saturated with moisture. As a general thing rooms are kept too warm; 70 degrees is about right. Too much bed clothing depresses the patient, and also tends to unduly irritate the skin. Should the temperature of the patient be inclined to run unusually high, small doses of antipyretics may be given. The coal tar preparations, in moderate doses are not contra-indicated. Periodical sponging with tepid water should be resorted to; this lowers the temperature, accelerates the development of the rash, thus contributing to the elimination of poisons by the skin. Should the eruption be slow in developing, and particularly where there is a tendency to depression, with attendant general discomfort, I have found excellent results from a combination of liquor acetate of ammonia and syrup of Dover's powder. The mouth, and particularly the sulci between the gums and cheeks, should be kept clean. The pharynx and tonsils should be kept aseptic, and the upper air passages kept clean and open by the use of antiseptic washes and the atomizer. If the hearing becomes affected by the occlusion of the Eustachian tube with absorption of the air from the middle ear, careful inflation should be resorted to. Earache calls for the external application of warmth, and perhaps the insertion in the external ear of a few drops of heated glycerine carrying in solution morphin, atrophin, and cocaine, as recommended by Thomas. The eyes should be kept clean by some antiseptic solution such as boric acid. Any unusual involvement of the skin needs prompt attention. Should digestive disturbances arise, laxatives, astringents or antiseptics may be called for. In giving laxatives care must be taken that the alimentary tract be not unduly irritated. Excessive nerve irritation may call for sedatives. The length of time which a patient should be kept indoors will vary with conditions. Ordinarily twelve to twenty days.

In conclusion, perhaps I cannot do better than quote, with due acknowledgement to the "Twentieth Century Practice of Medicine," some extracts from a pamphlet which, during an epidemic of measles in Glasgow, was distributed to the people by the health authorities:

Measles is a dangerous disease—one of the most dangerous with which a child under five years of age can be attacked. It is especially apt to be fatal to teething children. It tends to kill by producing inflammation of the lungs. It prepares the way for consumption. It tends to main by producing inflammations of the ears and eyes. Measles has carried off more than four times as many persons as enteric fever. It is therefore a great mistake to look upon measles as a trifling disease. Every child ill with measles ought at once to be put to bed and kept warm, for the mildest cases may be made serious by a chill. Measles is for this reason most dangerous in winter and spring. The older a child is, the less likely it is to catch measles, and if it does, the less likely it is to die. If every child could be protected from measles until it had passed its fifth year the mortality from this disease would be enormously decreased. It is therefore a great mistake—because as a rule children sooner or later have measles—to say, "The sooner the better," and to take no measures to protect them, or even deliberately to expose them to infection.

#### DISCUSSION.

Dr. Kaspar Pischel, San Francisco.—Besides hygienic precautions (care in blowing the nose), I would suggest that the physician inspect the drum membrane every day, just as he inspects other parts of the body. If otitis media sets in, an early paracentesis will relieve the severe pain of the patient, and will cut short the danger of the infection extending to the mastoid. An early incision will prevent the breaking down of the membrane, which is so often accompanied by permanent deafness.

[For further discussion see JOURNAL, May, page 160.]

## THE MEDICO-LEGAL RESPONSIBILITIES OF THE PHYSICIAN IN CASES WHERE INSANITY IS ALLEGED AS A DEFENSE.\*

By J. W. ROBERTSON, M. D., Livermore.

WHILE the law provides that all citizens owe to the State certain public duties, yet, because of the exacting nature of our profession, we have been relieved of many of the burdens of citizenship. On the other hand, there has been placed upon us other responsibilities which are ill understood and which are often carried out with personal discredit, and injury to our professional standing.

In this paper I desire to set out, fully as I may, not the moral maxims that should guide us, for honest intentions and truthful declarations are presupposed, but certain legal fictions and cumbrous judicial procedures which entangle us in a mesh of false testimony; compelling us to misstate medical facts in order to comply with the rules of evidence.

In criminal cases there are no privileged communications and the physician, if called, must testify to all facts within his knowledge. But he can be, and usually is, called in another capacity; not to testify to specific facts, but to a theory which has for its foundation his medical knowledge. It thus happens that no matter what the case be, no matter how definitely the facts be established, physicians, standing equally well, can be found who will champion both sides and will go on the witness stand and swear to diametrically opposite opinions. So notorious has this abuse of medical testimony become that juries have been warned as to its credibility; and, from the bench, judges have declared that, as testimony, it must be regarded as a partisan statement. Yet, outside the court-room the opinion of these same gentlemen is sought on matters both medical and moral, their social standing is excellent and their reputation, as honorable men, is untarnished. It certainly is not true that their testimony can be bought and sold as so much merchandise. By what necromancy, then, is this change wrought? What power has transmuted their precious gold into this worthless dross? The explanation is not difficult. It simply means that medical facts have been taken out of the narrow limits and familiar surroundings, and have been so distorted as to fit in legal moulds, hundreds of years old.

In law nothing is good that is not old, and, until precedents have fossilized an idea and incrustated it with hundreds of decisions, it does not become a legal maxim. Medicine and law are incompatible and are types of the extremest radicalism and conservatism. In the past hundred years no science has made greater progress than medicine, while law remains a question of precedents and procedures. Imagine a modern surgeon following the treatise of John Vigo on gunshot wounds, or quoting Sydenham as to therapeutic procedures; or imagine a modern judge setting up some rule of evidence in opposition to Blackstone. He would be regarded with supremest contempt and his judgment would only excite ridicule.

In no department of medicine has greater progress been made than in the study and treatment of ailments based on a diseased brain. Not a hundred years ago the connection between the brain and the mind was absolutely denied and Spurzheim, when he asserted their close connection and proved it by arguments which are now so well established as to seem self-evident, had to brave a storm of abuse and ridicule. At the present time our laws, which judicially interpret medical facts, are based on ideas so

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erroneous, from the physician's point of view, that no possible compromise can result.

When a doctor is taken from a sick room, where his whole training and mental habit has made him dominant, and is pilloried on the witness stand, he is by no means changed from a Jekyll to a Hyde. It is true that he is strangely environed, yet his knowledge of the subject discussed is a medical knowledge, and should be far greater than that of the inquisitor which is always superficial, often crammed for the occasion, and but rarely so digested that he can question intelligently. Unfortunately the law allows him to conceal the real facts at issue and in their place to frame a hypothetical question based, not on the whole testimony, but on such a statement of facts as he may desire to establish. In this way the lawyers for each side prepare a hypothetical question so framed as to represent entirely opposing views, and it is not a difficult matter to get any number of physicians to go on the stand. Each honestly answers the questions as framed, yet, by the cunning of the framers, they seem to be swearing to diametrically opposite statements. The true test of the value of medical expert work would be to put the same hypothetical question to all witnesses; let it be framed by the judge so as to cover all the facts he believes to be essential and, above all, let the experts be summoned by the court. Necessarily the answers would be of value if the foundation rests on real knowledge, and it is certain that the opinions would not vary more than in other medical consultations.

Unfortunately, Blackstone does not mention this method of obtaining evidence; and, if any judge should be so rash as to adopt this suggestion, our Supreme Court would invalidate it as not a legal procedure. It is not denied that physicians are often partisan and, in their answers are liable to lean to that side which employs them; but this is a personal equation difficult to eliminate and is certainly accentuated by our cumbrous legal methods.

As it now stands, we cannot listen to the testimony, go upon the witness stand, reject what we believe to be false and base our testimony upon the evidence that to us seem properly adduced. It is for juries to decide as to the credibility of the testimony. We must base our judgment on numberless ill-assorted and impossible statements, possibly contradictory in themselves, certainly not giving a typical description of any mental case with which our study or observation has familiarized us. In a case recently tried the astute lawyer for the defense borrowed a work on insanity from his family physician and carefully studied the subject. He found that sunstroke, injuries to the head, heredity, jealousy, epilepsy and organic brain diseases produced insanity. He further found that insanity was characterized by suicidal mania, homicidal mania, periods of unconsciousness, with epileptic seizures, delusions of persecution, headaches, reasoning mania, violent outbursts of passion, loss of memory and kleptomania; and that, as a result, we had dementia, paranoia, acute mania, chronic melancholia and general paresis. He did not hesitate to establish by at least 20 witnesses, members of the defendant's family, employees, and friends, that these conditions all existed, each witness supplying one to half a dozen links in the chain he so skillfully forged—not realizing the impossibility of so many diverse conditions being present in one individual who, before the murder, had been regarded by the community in which he lived as mentally normal. He not only proved that all these conditions were present, but had the usual number of experts who swore that, if all these conditions were present as testified to, the man was certainly insane—a state-

ment the truth of which even the expert for the prosecution was compelled to admit.

As a matter of fact, the plea of insanity, so frequently urged as a defense for murder is, as a rule, a legal subterfuge, and most frequently it is an open secret with judges, jury and attorneys, as well as with the public at large, that, behind this plea, lay revenge for a real wrong which morally, if not legally, justified the taking of human life. After such a murder has been committed, lawyers skilled in the selection of a jury are employed and the farce of a defense begins. Though the defendant may have lived in the community for many years without his mental condition having been either openly questioned or a suspicion of it arising amongst his most intimate acquaintances, the moment the trial begins it is found that some prehistoric ancestor was afflicted with some condition resembling mental alienation. Possibly that the defendant himself had been peculiar; that he sometimes had headaches; that he was obstinate and occasionally had outbreaks of anger; and that, at one time, he had a severe spell of illness and had showed, possibly, undue jealousy; yet the underlying testimony was constantly of a great wrong done him, which the law could not reach or punish. On this showing medical experts are summoned who testify that, under certain circumstances, certain physical conditions with the symptoms enumerated, might lead to insanity; not that it did or that the defendant was insane. Others by equally skillfully worded contentions, deny this possibility; and so the fight of medical experts rages, which finally induces the jury to believe that at least such a thing as insanity does exist—in the abstract if not in the concrete. While there may be a doubt of the defendant's being absolutely normal, there is no doubt but that he did exactly what most men would have done under the same circumstances, and, not because of insanity and the unreasonableness of the act, but because of its very rationality, a verdict of not guilty is rendered; the insanity plea being merely a subterfuge by which the verdict can be legally justified.

On the other hand many homicides have been committed where insanity could have properly been alleged. They are usually characterized either by frenzy and purposeless homicidal passion, or they are cool and deliberately planned and have, as a basis, either morbid ideas or absolute delusions. In fact, the more brutal, purposeless and unjustifiable a murder seems, the more probable is it that it is the act of a homicidal maniac. But the law says that, because we cannot always be certain of the hidden motives that actuate us, we cannot base any conclusion on the apparent lack of motive. The father who deliberately shot his daughter to death, absolutely without reason or motive, did not even plead present insanity; he did insist that his death sentence be commuted to life imprisonment because he was of weak intellect. This plea was refused by the Supreme Court and the sentence of death was confirmed. It would have fared badly with Abraham had he carried out his intended sacrifice of Isaac, and his case had been appealed to our Supreme Court; the only satisfaction being that the first plea of insanity and the first ruling would have been contemporaneous; the medical view changing but the legal ruling having been only more confirmed by the lapse of ages.

The California Reports are stained with judicial murders because of the refusal of the courts to recognize insanity as a mental disease. It is gravely asserted that there is such a thing as partial insanity—in other words, that a person can be insane on one or even upon a dozen subjects, and still, because he can reason, remember and know certain facts as they

really exist, that this man should be held responsible for his acts. The law says that a man need not possess a sound mind in order to render him liable to punishment. "The defendant might be of unsound mind upon every other subject except the one that instigated the murder, the defendant might have been acting under a delusion at the time of the homicide, that the deceased intended to steal from him, and for this reason, not of sound mind, and still the law holds him guilty of murder." The test of criminal responsibility was established many years ago when Tyndall, Chief Justice of England, in answers to questions proposed by the House of Lords to the judges as to what constituted responsibility, gave the following answer: "To establish a defense on the ground of insanity, it must be clearly proved that, at the time of committing the act, the party accused was laboring under such a defect of reason, from disorder of the mind, as not to know the nature and quality of the act, or, if he did know it, not to know that he was doing what was wrong." This test of right and wrong is one of the most absurd medical propositions conceivable, yet it is good law. Because our English ancestors, totally misunderstanding the nature and symptoms of insanity, formulated it, our own law courts accept it as a legal maxim.

If insane patients had no knowledge of right and wrong, if they did not govern themselves according to our rules, and did not regulate their lives in accordance with our laws, our asylums would be Bedlams in place of orderly and well conducted hospitals. Of our 6,000 insane, at least 5,000 do know that they must conduct themselves properly, and that a breach of certain rules will entail loss of certain privileges and, by this knowledge, our asylums are governed; all who are not absolutely imbecile have some glimmering knowledge of proper conduct.

One judge did go so far as to declare that "total loss of understanding is evidence of an imbecile rather than an insane mind. Fatuity is one thing; insanity another."

I can find no other decision upholding so heterodox a view of this well established maxim. Though the cunning of the insane is proverbial, though the records of our asylums teem with cases illustrating forethought and systematic conduct of life, and though many of our most dangerous and undoubted lunatics can converse rationally on many subjects and, to the casual observer show no active insanity, yet the law tenaciously holds to the "mad dog" theory of insanity and denies its right to be placed as a defense, except in those cases of raving madness where all consciousness is lost—a thing which rarely occurs even amongst the most violently insane.

If the law would broaden this definition to that of thorough comprehension as distinguished from a theoretical knowledge, it would still be too narrow. As there is no definition of insanity possible, nor even any description of it so broad as to include every class, so there can be no test applicable to all cases; certainly not the test of the knowledge of right and wrong. If any test can be applied it would be one of loss of will power, which all medical authorities agree in claiming, yet which the law denies. Certainly of all legal propositions the claim of partial insanity has led to the most flagrant legal abuses. In a case recently tried it was shown that a man gradually developed systematized delusion of persecution and often complained to his friends that he was being persecuted and hounded by certain religious organizations. These delusions he exhibited many times. While working in the fields with other laborers all drank water out of a bucket, the cup having been broken. One man jokingly remarked that the loss

of the cup made no difference as they all belonged to the same great family. This remark was taken up and brooded over by the insane man; and, after warning the other that he had no right to make such a remark, that he was no relative and that he knew a conspiracy was on foot, shot and killed him. On trial he was convicted and condemned to be hung, and, on appeal, the verdict was sustained.

Another man, believing that his neighbors were slandering him and were attempting to drive him out of the country and plotting his ruin, lay in ambush and killed the man he believed to be the most persistent of his enemies. Though these facts were well established, he was convicted. Another case is that of a husband who had gradually developed delusions of persecution and of being poisoned. He claimed that this poison was introduced into his system through food prepared by his wife, and exhibited some eczematous patches as proof. He had taken portions of this food to chemists for examination and had publicly declared his belief that he was being systematically poisoned. One day he came to his dinner accompanied by friends, and all were served with soup by his wife. After tasting his soup he turned to his wife and declared that she was again attempting to poison him; got up from the table, secured a pistol and killed her. This lunatic was tried, convicted of murder in the first degree, and, on appeal, the verdict was sustained, as at least being good law. These cases are typical of many which occur in the court records. While insanity was plead in all these as a defense, yet in hardly a single case was the issue of present sanity raised.

The courts hold very strongly that no insane person can be tried, and when such a presumption arises during the trial of the case it is the duty of the judge to stop the criminal trial and determine present sanity. In none of the cases quoted, and but rarely in any case, is this done, for the legal mind is slow to accept the medical view of reasoning mania; yet, even in law, the trial should have been one of present sanity and the patient should not have been hung or imprisoned in a penitentiary.

Some years ago a man in a drunken row stabbed an unoffending friend and was tried for murder. The medical expert, called for the prosecution, after examining into the defendant's mental condition, believed that he was then insane and, by his advice, the presiding judge ordered the trial stopped and empaneled a jury to investigate his present sanity. That the defendant was a reasoning homicidal maniac was clearly established, and the man was committed to an asylum. The defendant, both at the time of the trial and after being sent to an asylum, loudly protested that he was not insane and because, while under confinement, did show a certain memory and rationality, finally succeeded in forcing a new trial; not because he was "medically sane, but because, if he so far recovered as to know the difference between right and wrong and could conduct his defense in a rational manner, he is sane for the purpose of being tried, though on some other subjects his mind may be deranged."

Owing to the abuse of this plea, to the suspicion under which a resort to it points and the uncertain detention in an asylum which our law allows, it is a right not often granted. For the purposes of the law many of its contentions are just, if not medically correct. Moral insanity, temporary intoxication, inability to control one's temper known as "irresistible impulse," and transitory frenzy occurring but once in a lifetime, and then of but a few seconds' duration, are all properly excluded as legal defenses.

While it seems useless to suggest any changes in



the law, yet a few slight modifications would make the medical expert of such real value in arriving at a just conclusion as to warrant some change from the now notoriously base use to which such services are often put. When insanity is plead as a defense for a crime committed, a medical commission should be appointed by the court, full access to the accused be allowed, and as full personal investigation be made as one would do in private consultation. The opinion thus arrived at would be of material value in aiding the proper meting out of justice.

There should be a criminal insane asylum built within one of our State prisons, and if the defendant be found insane he should be incarcerated there for the rest of his life, not for the purpose of punishment, but simply to protect the public against a repetition of the homicidal impulse. While this might seem a hardship where insanity is of but temporary duration, yet in the many cases as set forth in the court reports, I do not find a single one where the insanity was not fixed and permanent, and of such a nature that, under similar strain, they would not again become homicidal. If the experts found the defendant not insane at the time of the commission of the crime, or at the time of investigation, and the presiding judge confirms their opinion, then the plea should be disallowed as an issue for the jury to consider. This would at once eliminate, practically, the baser uses to which the plea has been put and, while not freeing the insane, would fully protect the public. At all events, the hypothetical question should be abolished and physicians be allowed such free and full investigation as they demand in private practice before expressing an opinion.

At present the only safe course a medical expert can honorably follow is to refuse to go on the witness stand unless, after a full investigation, he becomes convinced, not that he can answer the hypothetical question honestly, but that he can fully enter into the merits of the case, and know that his contentions have a basis of absolute truth.

#### APPENDIX.

##### 1. Test of insanity that the accused at the time of committing the offense knew that it was wrong:

- People vs. Hobson, 17 Cal. 424.
- People vs. Coffman, 24 Cal. 230.
- People vs. McDowell, 47 Cal. 134.
- People vs. Pico, 62 Cal. 50.
- People vs. Hoin, 62 Cal. 120.
- People vs. Cleridium, 91 Cal. 35.
- Marceau vs. Travelers' Ins. Co., 101 Cal. 338.

##### 2. Intellectual knowledge of right and wrong with loss of will power to act in accordance with such knowledge does not constitute a legal defense:

- People vs. Hoin, 62 Cal. 120.
- People vs. Cleridium, 91 Cal. 35.
- People vs. Travelers' Ins. Co., 101 Cal. 338.
- Marceau vs. Ward, 105 Cal. 335.
- People vs. McCarthy, 115 Cal. 255.
- People vs. Huberthy, 119 Cal. 216.
- People vs. Barthelman, 120 Cal. 7.
- People vs. Owens, 123 Cal. 482.

##### 3. Brutal and motiveless crimes not necessarily insane crimes.

- People vs. Larrabee, 115 Cal. 158.
- People vs. Smith, 31 Cal. 466.
- People vs. Enbanks, 86 Cal. 295.
- People vs. McCarthy, 115 Cal. 255.

##### 4. Suicide not necessarily proof of insanity.

- People vs. Messersmith, 61 Cal. 246.
- People vs. Owens, 123 Cal. 482.

##### 5. Moral insanity not a legal defense for crime:

- People vs. Kerrigan, 73 Cal. 222.
- People vs. McCarthy, 115 Cal. 255.

##### 6. "Partial" insanity not necessarily a legal defense for crime:

- People vs. Williams, 43 Cal. 344.
- People vs. Bell, 49 Cal. 485.
- People vs. Schmidt, 106 Cal. 48.
- People vs. Hubert, 119 Cal. 216.
- In re Buchanan, 129 Cal. 330.

##### 7. Proof of insanity. A person is supposed to be sane until the contrary is proved, and when it is alleged as a

defense for crime it must be shown by preponderance of evidence:

- People vs. Myers, 20 Cal. 518.
- People vs. McDowell, 47 Cal. 134.
- People vs. Messersmith, 61 Cal. 246.
- People vs. Hamilton, 62 Cal. 377.
- People vs. Enbanks, 86 Cal. 295.
- People vs. Travers, 88 Cal. 233.
- People vs. McNulty, 93 Cal. 427.
- People vs. Bremmesly, 98 Cal. 338.
- Marceau vs. Travelers Ins. Co., 101 Cal. 338.
- People vs. Ward, 105 Cal. 335.
- People vs. McCarthy, 115 Cal. 255.
- People vs. Allender, 117 Cal. 81.

##### 8. Amounting to such proof that a civil jury would find him insane:

- People vs. Hamilton, 62 Cal. 377.
- People vs. Messersmith, 61 Cal. 246.

##### 9. To raise reasonable doubt not sufficient:

- People vs. Myers, 20 Cal. 518.
- People vs. Travers, 88 Cal. 233.
- People vs. Ward, 105 Cal. 335.
- People vs. Barthelman, 120 Cal. 7.

##### 10. Not necessary to prove beyond a reasonable doubt:

- People vs. Coffman, 24 Cal. 230.
- People vs. Wilson, 49 Cal. 13.
- People vs. Wreden, 58 Cal. 392.
- People vs. Hamilton, 62 Cal. 377.

##### 11. While an insane person cannot be tried for any crime committed, but plea of present insanity must be raised at time of trial and by order of the presiding judge, if he be in doubt as to the present sanity of the accused:

- People vs. Farrell, 31 Cal. 576.
- People vs. Ah Ging, 42 Cal. 18.
- People vs. Pico, 62 Cal. 50.
- People vs. Lee Fook, 85 Cal. 300.
- People vs. Schmidt, 106 Cal. 48.
- People vs. McCarthy, 115 Cal. 255.

##### 12. "General" insanity as contradistinguished from temporary aberration must be established:

- People vs. March, 6 Cal. 543.
- People vs. Francis, 38 Cal. 183.
- People vs. Travers, 88 Cal. 233.
- People vs. Lane, 101 Cal. 513.
- People vs. Schmidt, 106 Cal. 48.
- People vs. Shattuck, 109 Cal. 673.
- People vs. McCarthy, 115 Cal. 255.

##### 13. Evidence as to insanity admissible not only as to the time of the commission of the crime, but for periods both before and subsequent where it tends to show permanent mental alienation:

- People vs. March, 6 Cal. 543.
- People vs. Farrell, 31 Cal. 576.
- People vs. Francis, 38 Cal. 183.
- People vs. Smith, 57 Cal. 130.
- People vs. Lee Fook, 85 Cal. 300.

##### 14. Defense of insanity is often resorted to in cases where overt act is so thoroughly proved that no other means of escaping punishment remains:

- People vs. Dennis, 39 Cal. 625.
- People vs. Bamberger, 45 Cal. 650.
- People vs. Pico, 62 Cal. 50.
- Marceau vs. Travelers' Ins. Co., 101 Cal. 338.
- People vs. McCarthy, 115 Cal. 255.
- People vs. Larrabee, 115 Cal. 158.
- People vs. Allender, 117 Cal. 81.

##### 15. Intimate acquaintances may give an expert opinion as to the mental state of an accused person and the degree of intimacy entitling to this opinion is largely left to the discretion of the trial judge:

- People vs. Pico, 62 Cal. 50.
- People vs. Frirer, 77 Cal. 147.
- Phelock vs. Godfrey, 100 Cal. 578.
- People vs. Lane, 101 Cal. 513.
- People vs. Schmidt, 106 Cal. 48.
- Estate of Wax, 106 Cal. 343.
- People vs. McCarthy, 115 Cal. 255.
- People vs. Hubert, 119 Cal. 216.

#### DISCUSSION.

Dr. H. G. Brainerd, Los Angeles.—It is a well-known fact that expert medical testimony has become a byword to the profession and to the public, and they think anything can be obtained if one has money enough. There is a reason for this false testifying, and there are some ways in which it can be overcome. The medical expert is approached by the lawyer and the case is stated as the lawyer sees it. If the opinion given by the physician is unfavorable he is not called in that case. Say that this hypothetical question is the thing upon which he bases his opinion. The questions are usually long and very difficult to follow, and it is very difficult for him to follow a question which is so

new that he cannot recognize it. There is so little between them that you do not recognize them as the same. Your opinion is turned and you are caught whichever way you answer. There are certain things which overcome this in France and England; they have a commission of experts to whom are referred the questions of sanity. None of us should attempt to give an opinion unless we get all the facts.

The experts appointed by the court should have full authority to see the patient, to make personal examination, and opportunity for consultation in the room of the patient. The present legal test is very different from the medical idea of insanity. It is a question as to whether the person who has committed the crime knew the character and quality of his act. A case has been on trial in Los Angeles where the man went into the place where he had been employed and killed everyone in sight. No one could question his insanity. The interesting thing is that the history shows that he has been of unsound mind for years. If he had gone to trial he would have been hung. He had written in a note what distribution to make of his things, and also said that he was going to the shop to put an end to the place which had kept him out of work. Men who are insane on one subject should be isolated and put where they cannot do murder.

Dr. R. F. Rooney, Auburn.—When Dr. Cluness was president of this Society I wrote a paper of this kind, in which I took a good deal the same ground as Dr. Robertson has taken. If that idea was carried out it would do away with a great deal of the necessity of expert evidence. A man who commits a crime in which life is in danger, whether he be acquitted upon the question of insanity or not, should afterwards be put for life in an institution. Because, if he is a criminal and escapes through the plea of insanity, he is not a safe man to be at large. If he did commit that crime through a mental delusion he is not fit to be at large. He is always liable to be insane again. Therefore, if we could have an institution for criminal insane in which every one who has committed a crime and escaped capital punishment could be placed, it would do away with a great many pleas of insanity. Let the person know that no matter what the outcome of the trial on the plea of insanity, he shall forever after be segregated from his fellows.

Dr. J. W. Robertson, Livermore.—I would like to point out the fact that whenever insanity is alleged and does not exist, that the patient is acquitted. Of course the public rather sneer at us in saying anyone is insane. The real statement is that nobody is absolutely normal.

### RICKETS AND PROPRIETARY INFANT FOODS.—REPORT OF A CASE.

By LEWIS S. MACE, M. D., San Francisco.

THE CHILD whose case is here reported, an infant six months old, was believed to be in perfect health, except for an attack of constipation, for which advice was sought. He had been fed since birth on a proprietary infant food supposed to consist of ground grain heated to the extent of converting a portion of the starch, mixed with milk, limewater, sugar and cream in proportions which appeared to agree with his digestion.

At first sight the child could have posed for one of the numerous advertisements which are constantly kept before the public eye by the manufacturers of infant foods, who are always so kindly thoughtful for the therapeutic advancement of their customers. His cheeks were fat and rounded, his expression intelligent and active, and his whole body plump and well proportioned. On further examination, however, it

was noticed that the skin was dry and of a dull white color; the plumpness was seen to be due to large deposits of subcutaneous fat, and underneath this the gluteal and calf muscles could be felt flabby and weak and lacking in normal size and tone. The abdomen was prominent, and the epiphyses somewhat enlarged. At the costochondral junction a well-marked rosary could be palpated through thick cushions of fat. The child's head was octagonal in shape, with prominent frontal eminences, and nearly bald, the hair being thin, short and scanty. On questioning the nurse it was learned that his head perspired very freely, especially at night, and that on this account the pillow often had to be changed.

These positive evidences of rickets were observed with much surprise in a child who had every advantage of attention, the best hygienic surroundings and the most scrupulous care. In this case the food only could be at fault, and this was at once examined. Samples taken from the baby's nursing bottle showed a very much diluted milk, containing a little over 1 per cent total proteids, an astonishing amount of starch, and but 1.25 per cent of butter fat. Here, then, was the cause of the trouble. The infant food, warranted to produce a fat baby in every instance, had done so in this case, but the very presence of the fat had concealed the real condition of affairs. The child was actually starving for its natural nutriment.

In all probability the result would have been that within a short time some intercurrent affection, accompanied by fever, would have removed this excessive amount of fat produced by the large quantity of carbohydrates in the diet, and then the flabby muscles and knobby bones would have rendered the condition apparent to the most casual observer. Had the investigation not been carried below the superficial testimony of the weight chart and apparent good looks of the child, the disease might easily have been overlooked until more serious results had occurred.

The fact that the use of condensed milk and infant foods which do not make use of natural, raw cow's milk in preparation, are followed in the majority of cases by more or less well-marked signs of malnutrition is too well known to require comment; but the evil effects following the injudicious use of the patented cereal preparations with which the market is flooded receives far too little attention. These articles at best are no better than cereal decoctions properly prepared from oats, barley or other similar grains, although their cost to the consumer is many times greater, and often they are so poorly made and given in such quantities that the intestinal canal of the infant is overloaded with partially cooked starch to the extent of interfering seriously with the assimilation of suitable food, while the rapid accumulation of fat renders it extremely difficult to judge whether the cream and casein are being fed and digested in quantities necessary for the production of healthy blood, bone and muscle.

The evil results of prescribing remedies the formula of which is secret can hardly be overestimated. How much more reprehensible is it for the physician to give a healthy infant a patented food, the constituents of which are unknown and the process of manufacture unexplained, the result of which may be the death or permanent enfeeblement of a normal child. Examination of the food in question showed it to contain about 80 per cent of insoluble carbohydrates—starch—and taking into consideration the fact that the early administration of solid food is a well-known and frequent cause of rickets, and that this food was given the infant when a few days old with marked diminution of the fatty elements, it is not to be wondered at that the result was so serious.

## PUBLICATIONS.

**International Clinics.** Edited by A. O. J. Kelly, A. M., M. D., of Philadelphia, with the aid of collaborators and correspondents. Vol. I, p. 304. Fourteenth Series. Philadelphia: J. B. Lippincott Co., 1904.

This volume opens with an article on "The Chlorid Reduction Treatment of Parenchymatous Nephritis," by F. Widal and A. Javal of Paris. It was found by them that a decrease in the amount of sodium chlorid ingested by a patient suffering from parenchymatous nephritis led to a corresponding decrease in the albuminuria and in the edema. Cattell has embodied the results of many observers in an article on "The Practical Application of Cryoscopy to Medicine," and draws some valuable conclusions. Clark and Luther have made a careful study of the Connell suture of the intestine, and indorse it as the most rapid and most perfect method of suture yet devised for end-to-end or lateral anastomoses. "Observations upon Gastric, Intestinal and Liver Surgery in the German Clinics" is the title of a very readable article by Noble of Philadelphia. He makes a number of critical remarks on the technique of Czerny, Körte and Kehr. The introduction of a series of reviews on the progress of medicine during the year 1903 has greatly enhanced the value of the International Clinics. David L. Edsall has charge of the department of medicine, Joseph C. Bloodgood that of surgery, and treatment is dealt with by A. A. Stevens.

**The Date Palm; Its Utilization in the Southwest.** Mr.

Walter T. Swingle of the Department of Agriculture, laboratory of plant life, has prepared a very fine monograph on the subject of the date palm and its particular adaptation to hot, dry and alkaline regions. It is remarkably well illustrated by photographs of the date palms of Algeria, Egypt, etc., and the suggestions relative to the cultivation of dates in our own southwestern states are opportune.

**The Journal of Ophthalmology, Otology and Laryngology** announces that the ownership of the publication has passed into new hands, but that the editorial management remains the same. "A determined effort is to be made to enlarge the scope of the magazine."

**A Simple Phorometer, Adapted for Use at Reading Distance,** is the title of a paper by Dr. William A. Martin, San Francisco, recently published in the *Ophthalmic Record*. The simple little instrument is indeed ingenious, and should make a valuable addition to the armamentarium of the ophthalmologist. It is intended solely for determining the presence of muscle imbalance at the reading distance.

**Electricity the Chemistry of Ether;** a treatise generalizing a fundamental hypothesis as applied to electricity, etc., by George Adam, M. D., San Francisco: The Whittaker & Ray Co. This book has been received, and will be reviewed in due course.

**Genesis of Epilepsy,** by Louise G. Robinovitch, M. D., New York. "The primary origin of epilepsy, as brought out in this paper, is alcoholism. In the parent it causes epileptiform attacks, and the descendant of such parents is apt to be epileptic in a vast number of cases."

THE CALIFORNIA STATE JOURNAL OF MEDICINE is the organ of the State Medical Society of California, and publishes the society transactions monthly in journal form. Dr. Philip Mills Jones, San Francisco, is editor. The STATE MEDICAL JOURNAL will be, doubtless, the accepted medical journal for general medicine and the dissemination of medical news and professional unity.—*Woman's Medical Journal*.

## PERSONAL.

Dr. Charles E. Beebe, formerly of Watsonville, has located in San Francisco.

Dr. J. A. Young, formerly surgeon Pacific Mail Steamship Company, has located at Salinas.

Dr. George W. Peck has removed from Sebastopol, Sonoma county, to Sawtelle, Los Angeles county.

Dr. Thomas M. Williams, formerly of 2692 Pine street, San Francisco, is now located at Palo Alto.

Dr. R. E. Reese has removed from Fort Bragg, Mendocino county, to San Jose, and has opened offices in the Safe Deposit building.

Dr. John Snook has sold his practice at Bakersfield, and, after spending the summer at Tallac, will probably locate at or near Berkeley. The doctor has changed his registration from eclectic to regular.

Dr. Walter Lindley, editor of the *Southern California Practitioner*, has recently been elected Dean of the Medical College of the University of Southern California. This Los Angeles school is now entering its twentieth session. Dr. Lindley was one of the organizers of the school, and is professor of gynecology in that institution.

Lewis S. McMurtry, the next president of the American Medical Association, was born in Central Kentucky, and has always lived in his native State. He comes of Scotch ancestry, and is 52 years of age. He received his preparatory education in Kentucky, and his medical degree from Tulane University of Louisiana. He is a frequent contributor to medical literature, writing mostly on surgical subjects, particularly upon abdominal surgery.

Change of address, San Francisco: Dr. L. W. Spriggs, from 315 Van Ness avenue to 499 Eddy street; Dr. Henry Harris, from 502 to 1023 Sutter street; Dr. Martha G. Thorwick, 1212 Sutter to 1145 Polk street; Dr. A. B. Grosse to 751 Sutter street (erroneously printed Market street last month); Dr. O. F. Westfeld to 391 Sutter street; Dr. Charles Phipps to 520 Ellis street; Dr. H. Herrington to 916 Market street; Dr. S. S. Kahn to 1626 Jackson street; Dr. C. H. Mills to 944 Post street; Dr. A. L. Draper to 360 Geary street; Dr. B. F. Fleming to 1720 Fillmore street.

## TO COUNTY SECRETARIES.

There are some of the secretaries of county societies who seem not to understand the relation existing between the several county organizations and the State Society.

The State Society is simply an organization composed of members of the component societies, and is maintained by a per capita assessment on members of these affiliated county societies. There are some members who will pay dues direct for terms including 1904, but that is an individual matter with them, and they have all been notified of their indebtedness. After this year members will pay no dues direct to the State Society, only paying the county dues, which will cover the per capita assessment to the State Society.

The STATE JOURNAL is the property of the State Society, and consequently is owned jointly by every member of every affiliated county society. This being the case, the secretaries of these county societies, representing their membership, should act as their spokesmen, and send in monthly reports, medical news items of interest to their members, notices of marriages, births and deaths, reports of meetings, changes of location; in fact, should act in the capacity of a sub-editor of the JOURNAL. This work may take some time, and may be thought a hardship by some, but the county secretaries are the ones who keep in touch with their members, and are therefore in a position to get the news.



## MEDICAL SOCIETY MEETINGS.

## Alameda County.

The Alameda County Medical Association met in its rooms, in the Canning building, Tuesday evening, June 14th, President Dr. J. Maher in the chair.

Two interesting papers were read, one by Dr. Green, on the "Treatment of Typhoid Fever," and the other by Dr. A. T. Piercy, on the subject of "Rheumatism." Both papers brought out considerable discussion on the part of the members present. J. M. S.

## Los Angeles County.

The Los Angeles County Medical Association held a regular meeting on Friday evening, May 20, 1904.

Dr. Frank W. Miller read the first paper of the evening on "Earache," in which he said: "Proper attention to all cases of earache would greatly reduce the number of chronic ear diseases, deafness and mastoid lesions, with their complications. A thorough examination should always be made. Furuncles are very painful, and may simulate very closely pain occasioned by trouble behind the drum. Acute catarrhal otitis media and purulent trouble cause most of the most severe ear pains. The only rational treatment of earache, aside from the mild and transient form due to acute congestions, is drainage of the tympanum. Local anesthesia may be produced by the installation of equal parts of menthol, cocaine and carbolic acid, with a few drops of alcohol added to make a syrupy solution. An incision is made through the tympanic membrane, including Shrapnel's membrane, and extending along the posterior wall to the lower pole of the drum. To be efficient, it must be extensive. The posterior canal wall is then incised for half an inch outward, well down to the bone. As to the other forms of treatment for mild congestive cases, local applications of cocaine or heat often prove beneficial. Early paracentesis, properly performed, is a harmless procedure."

The second paper of the evening was read by Dr. H. Bert. Ellis, who reported a very interesting case of mastoid trouble in which he operated, and all diseased tissue was removed. The patient left the hospital, came to the office for about twelve days, when she had a chill and vomiting, and remained drowsy during the day, so mastoid cells were opened up. The cellular tissue was cleaned out to the tip. Shortly after the patient complained of considerable sore throat, with neuralgic pains in the right eye and forehead, and chills. Shortly after swelling of the neck and redness near the wound appeared, and the patient went through a regular erysipelatous attack of the head, the wound, however, remaining healthy and not being involved. Streptococic serum was used, but without very much result. The recovery was slow, without important details. For two weeks the patient apparently hovered between life and death.

Dr. Edward A. Ochsner of Chicago then gave a talk on "Septic Infections." In part he said: "Septic infections are, as a rule, very badly treated. Undue influence must not be given to the species of bacteria present. Many other factors are important, namely, the kind, the virulence, the site of infection and the resistance of the patient." He only wished to consider those infections gaining entrance through the skin. The first important thing in treating these cases is absolute rest, not only of the part infected, but also of the entire organism. If the heat center is disturbed, and if the patient moves about, they have pyrexia. The second is, the part should be elevated in order to give a good arterial blood supply. The venous circulation should be favored. The third is the general hygiene of the patient. Elimination is

necessary, and sufficient administration of water. The fourth is local treatment. Incision is not necessary in more than 10 per cent, being in many cases not only superfluous, but dangerous. Leukocytosis occurs immediately on infection, and incision should never be made proximal to the line of demarcation. Another important thing is to treat the case early and vigorously. Boric acid has the power to make the pus organisms much less virulent, but not to restrain their growth, as proved by Roswell Park.

Dr. Ochsner does not think that the streptolytic serum is of much use. The lymphatic glands, unless actually broken down, should never be removed, as they are the barriers of infection, both present and future. JOS. M. KING, Secretary.

## Napa County.

The Napa County Medical Society met on June 14th in Napa, and elected the following officers for the coming year: Dr. D. E. Osborne, president; Dr. T. H. Stice, vice-president; Dr. W. W. Rumsey, treasurer; Dr. J. L. Arbogast, Napa, secretary.

This was the only business transacted, except to grant a transfer card to Dr. W. J. G. Dawson to Sonoma county.

At 10:30 A. M. the society met in conjunction with the California Northern District Medical Society.

J. L. ARBOGAST, Secretary.

## Placer County.

The Placer County Medical Society met at Colfax on the evening of June 4th, to accommodate its Nevada county members, as they could more conveniently attend the meeting at that place. There was a good attendance, over two-thirds of the members of the society being present.

Papers were read by the following gentlemen: "Gangrene," with notes of two cases, by Dr. Tickell, Nevada county; "Chorea Insaniens," with notes of case, by Dr. Mardis, Placer county; "Mosquitoes," by Dr. Rooney, Placer county.

The papers were well discussed, and a very enjoyable and educational evening was passed.

R. F. ROONEY, Secretary.

## Sacramento County.

The Sacramento Society for Medical Improvement met in regular session at the office of Dr. Parkinson. The meeting was called to order by the president, Dr. Henderson. Those present were Drs. Baldwin, A. E. Briggs, W. A. Briggs, W. E. Briggs, Cartwright, Cox, Dufficy, Foster, Henderson, James, Krull, Parkinson, Poore, Ross, G. C. Simmons, G. L. Simmons, S. E. Simmons, Strader, Twitchell, G. A. White, J. L. White, Wilder, Wright and Wheeler.

Dr. G. L. Simmons, chairman of the committee on resolutions, referring to compilation of the State Register, made his report. The resolutions were adopted by the society, and ordered sent to the publication committee of the State Society.

Dr. W. A. Briggs brought before the society his latest improved obstetrical forceps, and described the advantages of the instrument; also a differential phomendoscope and tuning fork for delimiting areas in percussion.

Dr. Parkinson then read a paper on "Notes and Comments on Things Seen Elsewhere."

The discussion was opened by Dr. W. A. Briggs, and partaken in by many of the members present.

The meeting then adjourned.

J. W. JAMES, Secretary.

## San Francisco County.

The regular meeting of the San Francisco County Medical Society was held on the evening of June 14th, with the president, Dr. Rosenstirn, in the chair.

Dr. Harold Brum read a paper on "Chorio-Epithelioma Malignum," which was discussed by Drs. Blumer and Stapler.

Dr. D. A. Stapler, in "Demonstration of Radium," said:

Several months ago I had the honor to speak here about the physical, chemical and medical properties of radium. To-day I limit myself to a short demonstration of radium of 1,000,000 activity, the strongest ever sold here. As the Austrian Government keeps all the pitchblende for the Academy of Science, there will be no more radium sold in the next few years. The great penetrating power of this radium is best shown when, put in this box, wrapped in several layers of lead, it still renders zinkblende phosphorescent. Put on the closed eyelid, you will see a beautiful light caused by the phosphorescence of the humor aqueus. The amount of energy given up by radium you can see when looking into this spintharoscope. The phosphorescent particles of the zinksulfide are constantly thrown apart by the radium. As to the curative effect of radium, I treated six cases of very advanced carcinoma (most of them recurrences after operation). I did not cure one. But radium greatly diminishes pain and prevents decay. One patient with recurrent carcinoma after hysterectomy had a perforation in the bladder; the urine had the aspect of coffee, foul smelling; hemorrhages and excruciating pains were present. After a short treatment the urine became normal, and hemorrhages and pains ceased. The patient left the bed to which she was confined before, and was very comfortable. Months later a metastasis in the liver put an end to her existence.

A paper on the programme, by Dr. A. Schmoll, was withdrawn by the author on account of a question arising as to his recognition by the society pending his registration in California as a practitioner. A motion was passed extending to Dr. Schmoll an invitation to read his paper, entitled "The Pathogenesis and Treatment of Gout," at some date after he shall have received his state certificate.

The second, third and fourth amendments to the constitution and by-laws as proposed at the last meeting by Dr. Philip Mills Jones (see June JOURNAL, page 199), were adopted; action on the first was postponed for one month.

The president announced the deaths of members of the society as follows: Drs. Clinton Cushing, G. L. Fitch and W. S. Hereford. Dr. Cheney was appointed chairman of a committee to prepare a minute on the death of Dr. Cushing; Drs. Farnum and Barbat on the death of Dr. Fitch, and Drs. Williamson and O'Brien on the death of Dr. Hereford.

Dr. F. B. Carpenter read the report of the committee appointed to draft resolutions on the death of Dr. Louis A. Kengla as follows:

Dr. Louis A. Kengla died at the age of 43 years, in this city, March 26, 1904, after an illness of several weeks.

Though a native of Washington, D. C., and a graduate of the University of Georgetown, he had lived and practiced in this city for the past seventeen years.

He was a student from boyhood. In his earlier years he had devoted much time and study to the subject of archaeology; had been granted the Toner medal by the University of Georgetown for a thesis based on original work on these lines, and had been honored by the tender of a chair of responsibility in the Smithsonian Institution.

Preferring the living to the dead, however, he gave his attention to medicine, and you know with what result.

Although Dr. Kengla had been for many years an active member of this society, and had but recently been its presiding officer, yet have we, as individuals or as a society, little or no more claim upon his memory than has the profession at large, for as managing editor of the *Occidental Medical Times* was he best known to us, and in such capacity was he widely and favorably known throughout the State.

His loss will be especially felt in the editorial field, a genius for which work had been developed in him by the natural traits of his character, strongly stimulated by his surroundings and by the circumstances of the times.

As the product of his unselfishness, a *pro bono publico* idea has always dominated his writings.

He had a high sense of professional honor, and placed the plane of ethics far above self.

He was honest in his conviction, and fearless in his expression. He never allowed his pen unjustly to wound the feelings of any man. On the other hand, if wrong must be righted, he never hesitated to so launch his shaft that its penetration was sure and deep.

It has fallen to the lot of few medical men of this State to do more in the way of professional building, upon a firm foundation, than to this man, and he has done it well. He was well abreast of the times, well informed on matters politic, and commented thereon without fear or favor.

There has been taken from among us, ere his work was done, a man lamented, not alone by a sorrowing family, but by sincere friends and professional fellows, one whose high aim is worthy our consideration and our emulation.

His loss, be it known to all, we much deplore.

F. B. CARPENTER,  
GEORGE H. EVANS,  
PHILIP MILLS JONES,  
Committee.

The secretary read the report of the committee on the death of Dr. Thomas B. De Witt as follows:

Dr. Thomas B. De Witt, our fellow-member whose early death we wish to commemorate, was a typical, enthusiastic Western American. He was born in Missouri in 1848; was educated in the public schools of that State; had some difficulties in obtaining his medical education, which he bravely surmounted, and graduated at Rush Medical College in 1872. He located in San Francisco in 1875, and soon built up a good practice by his high medical attainments, affable manners and kind treatment of those in need. He was very popular, as shown by his election as School Director in 1882, after a close contest. He was a deeply interested member of this society for more than twenty years. He was deeply interested in the Presbyterian Church for many years, and literally died in harness, having attended to his practice until a few hours before his death, which resulted from cerebral apoplexy, February 24, 1904. He left a wife and son, to whom we offer our sympathy in the time of their bereavement.

ALFRED W. PERRY, M. D.,  
Chairman Committee.

Dr. A. B. Grosse moved that the society, by a rising vote, express its appreciation of the efficiency, fearlessness and energy displayed by Dr. Dudley Tait in his work as president of the Board of Examiners. Carried.

Dr. W. S. Thorne, member of the Board of Examiners, addressed the society on the subject of prosecutions of illegal practitioners, and referred to the injustice of imposing all this work on the board, and more especially on its president. Upon his suggestion that county societies should institute proceedings in these cases, on motion of Dr. J. Henry Barbat the president was instructed to appoint a committee of three to confer with the Board of Examiners, and report back a plan through which the society may act.

Dr. Terry, librarian, announced to the society that an arrangement had been effected with the Society of German Physicians by which its valuable collection of medical books had been installed in the library of this society, and is now available to its members.

W. F. BARBAT, Secretary.

## San Joaquin County.

At the meeting of the San Joaquin County Medical Society in May, Dr. A. W. Hoisholt entertained the Society, and read a paper on "Huntingdon Chorea." The doctor presented two patients from the Stockton State Hospital.

Dr. W. W. Fitzgerald entertained the Society May 27th. He read a paper on "Ethyl Chloride as a General Anesthetic." He reported twenty-seven cases, having used the anesthetic in many cases of minor surgery, and even one case of appendectomy.

BARTON J. POWELL, Secretary.

**Santa Clara County.**

On June 15th the Santa Clara County Medical Society held its regular monthly meeting and annual election of officers at the offices of Dr. M. E. Southworth. The number in attendance on this occasion demonstrated the interest of the members in the affairs of the society under the reorganization plan. The balloting resulted in the election of Dr. J. T. Harris of San Jose, president; Dr. William F. Snow of Palo Alto, first vice-president; Dr. E. F. Holbrook of San Jose, second vice-president; Dr. F. H. Paterson of San Jose, secretary; Dr. H. J. B. Wright of San Jose, treasurer.

The retiring president, Dr. W. T. McNary of San Jose, read a highly interesting and timely paper, with the title "The County Medical Society."

The retiring secretary, Dr. J. L. Asay of San Jose, was tendered a vote of thanks and commendation for the very efficient conduct of his office during his incumbency. Dr. Asay has ever displayed unremitting zeal and fidelity in promoting the usefulness and welfare of the society, and escaped re-election only upon positive declination to again assume the arduous duties of the office.

During the last year the membership has been almost doubled, and the outlook for the ensuing term is very encouraging.

F. H. PATERSON, Secretary.

**Sonoma County.**

The regular monthly meeting of the Sonoma County Medical Society was held in Eagles' Hall, Santa Rosa, June 9th, Dr. J. W. Jesse presiding.

A committee, consisting of Drs. E. M. Yates, A. B. Herrick and R. M. Bonar, was appointed to draft suitable resolutions on the death of Dr. H. H. Davis of Sonoma.

The fee bill was again taken up and practically completed.

The next meeting of the society will be held at Petaluma on July 14th, and a good attendance is confidently expected.

At the May meeting the following were elected to membership: Drs. G. J. O'Brien, R. B. Duncan and Ruth A. French of Petaluma.

G. W. MALLORY, Secretary.

**University of California Alumni Medical Department.**

Proceedings of the Alumni Association of the Medical Department of the University of California:

On Monday and Tuesday, May 16th and 17th, being graduation week, the Alumni Association assembled to attend special clinics and scientific exhibitions and demonstrations as follows:

At the San Francisco Children's Hospital a number of patients were operated upon, and clinical demonstrations at bedside were held by Dr. Harry M. Sherman and Dr. S. J. Hunkin.

At St. Luke's Hospital Dr. W. I. Terry performed La Porte's operation for procerdentia uteri, and Dr. L. W. Allen performed an operation for artificial anus in a case of carcinoma of rectum.

At the City and County Hospital Dr. T. W. Huntington performed a posterior gastro-enterostomy for gastric ulcer, and a Bassini herniotomy. Dr. G. F. Shiels ligated the common carotid artery for carcinoma of the lower jaw.

At the Medical Department of the University of California Professor Jaques Loeb and Drs. Martin Fischer and J. B. McCullom presented demonstrations on animals of the "action of saline purgatives."

In the anatomical and pathological laboratories demonstrations were given by Dr. A. E. Taylor, Dr. R. O. Moody and Dr. I. Hardesty.

The Toland memorial lecture, by Dr. W. W. Kerr, on "The Relation Between Myocarditis and Disordered Metabolism," occupied an hour on Monday and Tuesday.

The annual alumni banquet was held on the evening of the 17th, at which eighty of the members were present.

**DIED.**

Dr. Thomas Flint, a California pioneer physician and a man prominent in the upbuilding of the State, died at his home, San Justo ranch, San Benito county, on Sunday, June 19th. Dr. Flint was born in Maine in 1824, graduated from Jefferson Medical College in 1849, and came to California, by way of the isthmus, in 1851. He had been a permanent member of the State Society, and was a charter member of his county society. He held various political offices, representing his county in the State Legislature, served as Supervisor, Court Commissioner, director District Agricultural Society, Trustee State Library, etc. He was high in the councils of the Masonic fraternity, and was master of his lodge for ten years.

**Medical Education.**—When we remember that fifteen years ago there was no uniform requirement for entrance to medical study, many students being admitted without even a high school education; that no medical college was requiring over three years' study for a degree, and most were graduating their students after a two years' course; that the majority of the states of the Union required no examination for qualification to practice, we see that very much has been accomplished. Further improvements are being made at the present time, but we cannot afford to stop where we are, and this surely will not occur. At the rate of progress made in American medical education during the past decade, we confidently predict that our country will soon as surely lead the world in medicine and surgery as is at present the case in many other fields of thought and action.—*American Medicine.*

**Hospital Pullmans.**—It is said that the Pullman Company will, as a result of agitation, especially by the United States Public Health and Marine Hospital Service, run hospital cars on certain days of each week on their California routes, and that consumptives and other sick persons must travel in these cars.—*Clinical Review.*

**Yellow Fever.**—Dr. Edward Souchon, president of the Louisiana State Board of Health, has recently been in Washington in consultation with Surgeon-General Wyman and other noted sanitarians. He does not consider the yellow fever problem settled. The disease has made its appearance in Mexico, and as but a shallow river separates that country from this, Dr. Souchon advocates a good system of land quarantine to act with the excellent marine quarantine already in existence.

**Protozoa—Scarlet Fever.**—Dr. Mallory has stated in a meeting of the Boston Society of Medical Sciences that he had observed in the skin of four patients dying from scarlet fever protozoan-like bodies. "If scarlet fever be proved to be a protozoan rather than a bacterial infection, we would seem to have more hope of finding some chemical substance which would have curative value."—*Archives of Pediatrics.*



## SYNONYMS.

"Things which are equal to the same thing, are equal to each other."—*Axiom No. 1, p. 19 Davies' Legendre, Edition 1860.*

Few physicians know that many of the "new remedies" marketed under fanciful trade names are identical with remedies having dissimilar names, or are old preparations which have been given fancy names in order to create a false market for the thing in question. For the benefit of physicians and pharmacists the following table has been compiled and will be added to as the requisite information is obtained. The information is secured from chemists and from medical and pharmaceutical journals, and is correct in the main. Should any errors creep in they will be corrected as soon as detected. *Until sufficient evidence to the contrary is forthcoming, it must be assumed that there is no question of substitution involved when the pharmacist supplies a given article under any one of its synonymous names.*

<b>Adeps lane hydrosus</b> .....	{ Anasalpin Lanolin Lanum
<b>Argentum Colloidale</b> .....	{ Argentum Crede Collargol Colloidal silver
<b>Beta-naphthol benzoate</b> .....	{ Benzo-naphthol Benzoyl-beta-naphthol
<b>Beta-naphthol Salicylate</b> ...	{ Betol Naphthalol Naphthosalol Salinaptol
<b>Bromacetanilid</b> .....	{ Antiseptin Asepsin
<b>Bismuth-iodo-subgallate</b> ....	{ Airol Airogen Airoform
<b>Calcium beta-naphthol sulphonate</b> .....	{ Abrastol Asaprol
<b>Creosote Tannate</b> .....	{ Creosol Tannosol
<b>Dimethyl - ethyl - carbinol chloral</b> .....	{ Dormiol Amylene-chloral
<b>Dithymol Iodid</b> .....	{ Aristol Annidalin Di Thymol Iodid Di Iodo Dithymol (And several other similar names.)
<b>† Epinephrin</b> .....	{ Adnephrin Adrenalin Adrenamine Adrenol Adrin Hemostatine Suprarenalin
<b>Ethyl chlorid</b> .....	{ Antidolorin Ethylol Kelene Mono-chlor-ethane
<b>Hexamethylene-tetramine</b> ...	{ Aminoform Ammoni o-formaldehyde Cystamine Cystogen Formin Saliformin Urotropin
<b>" , anhydromethylen citrate</b> ..	{ Helmitol
<b>Levulose</b> .....	{ Diabetin Fructose Fruit Sugar
<b>Ortho - ethoxy - ana - mono - benzoyl-amido-chinolin</b> ....	{ *Benzanalgene *Analgen *Quinalgen

<b>Paraphenetin carbamid</b> .....	{ Dulcin Sucrol
<b>Phenyl-dimethyl-parazonol</b> .. (Germ. Pharm.)	{ Analgesin Anodynin Antipyrin Dimethyloxy-quinizin Methozan Phenazon (B. P.) Phenylon Pyrazin Pyrazolin Parodyn Salazonol Sedatin
<b>Phenylacetamide</b> .....	{ Acetanilid Antifebrin (And several hundreds of trade names for headache powders, etc.)
<b>Phenylmethyl-ketone</b> .....	{ Acetophenone Hypnone
<b>Plant pepsin</b> .....	{ Papain Papoid Papayotin Caroid
<b>Salicylic acid ester of quinine</b> .....	{ Salochinin Saloquinin
<b>Salicylate of Salochinin</b> ....	{ Rheumatin
<b>Sodium sulpho-cafeate</b> .....	{ Nasrol Symphoral
<b>Thyroid gland, dried lactose trituration</b> .....	{ Iodothyrene Thyroidin
<b>Trioxymethylen</b> .....	{ Paraformaldehyde Paraform Triformol
<b>Abrin</b> = Jequiritin	
<b>Acetyl-salicylic acid</b> = Aspirin	
<b>Aluminum aceto-tartrate</b> = Alsol	
<b>Australian oil Eucalyptus</b> = Flucol	
<b>Bismuth chrysophanat</b> = Dermol	
<b>Bismuth phosphate (soluble)</b> = Bisol	
<b>Bismuth pyrogallate</b> = Melcosol	
<b>Bismuth subgallate</b> = Dermatol	
<b>Bismuth beta-naphtholate</b> = Orphol	
<b>Calcium permanganate</b> = Acerdol	
<b>Calcium salicylate</b> = Colchicin	
<b>Catarin hydrochlorid</b> = Stypticin	
<b>Chloreton, 1% solution</b> = Aneson	
<b>Creosote carbonat</b> = Creosotal	
<b>Diethylen-diamin</b> = Piperazin	
<b>Dimethyl-xanthine</b> = Theobromine	
<b>Guaiacol carbonate</b> = Duotal	
<b>Laricinic Acid</b> = Agaricin	
<b>Magnesium dioxid</b> = Biogen	
<b>Oxyquinaseptol</b> = Diaphtherin	
<b>Phenyl-ethyl urethan</b> = Euphorin	
<b>Saccharin</b> = Garanotose	
<b>Subgallate of bismuth</b> = Dermatol	
<b>Sodium chlorate</b> = Oxychlorine	
<b>Sodium beta-naphtholate</b> = Microcidin	
<b>Tang-Kui, Fl. extract</b> = Eumenol	
<b>Trichloracetic acid, 50% solution</b> = Acetocaustic	

\*Must be very cautiously used, if at all, for the physiologic action is not fully known, and this chemical is said to have very serious effect upon the heart and nervous system.

† See JOURNAL, June, page 178.

## CALIFORNIA COUNTY MEDICAL SOCIETIES.

NAME	PRESIDENT	SECRETARY	MEETS
Alameda County Med. Association.....	Jeremiah Maher, Oakland.....	A. H. Pratt, Oakland.....	Second Tuesday
Butte County Medical Society.....	O. Stansbury, Chico.....	D. H. Moulton, Chico.....	First Monday, E. O. M.
Contra Costa Medical Society.....	J. T. Brennehan, Martinez.....	J. S. Riley, Port Costa.....	First Tuesday
Fresno County Medical Society.....	Geo. A. Hare, Fresno.....	Angus B. Cowan, Fresno.....	Second Tuesday
Humboldt County Med. Society.....	G. W. McKinnon, Arcata.....	G. N. Drysdale, Eureka.....	Second Monday
Kern County Medical Society.....	T. W. Helm, Bakersfield.....	Wm. S. Fowler, Bakersfield.....	First and third Friday
Kings County Medical Society.....	N. P. Duncan, Hanford.....	L. E. Felton, Hanford.....	First Saturday
Los Angeles County Med. Society.....	W. W. Beckett, Los Angeles.....	Jos. M. King, Los Angeles.....	Quarterly
Marin County Medical Society.....	W. F. Jones, San Rafael.....	W. J. Wickman, San Rafael.....	First Thursday
Mendocino Co. Med. Society.....	E. W. King, Talmage.....	W. N. Moore, Ukiah.....	First Saturday
Merced County Medical Society.....	Edw. S. O'Brien, Merced.....	Walter E. Lilley, Merced.....	Quarterly
Monterey County Medical Society.....	Thos. C. Edwards, Salinas.....	Dorus Brumwell, King City.....	First Saturday
Napa County Medical Society.....	D. E. Osborne, St. Helena.....	J. L. Arbogast, St. Helena.....	Quarterly
Orange County Medical Assn.....	F. E. Wilson, Westminster.....	H. S. Gordon, Santa Ana.....	Second Tuesday
Placer County Medical Society.....	Thomas M. Todd, East Auburn.....	R. F. Rooney, Auburn.....	March '04
Riverside County Medical Society.....	C. W. Girdlestone, Riverside.....	H. R. Martin, Riverside.....	Third Tuesday
Sacramento Society for Med. Imp.....	A. M. Henderson, Sacramento.....	J. W. James, Sacramento.....	Third Tuesday
San Benito County Medical Society.....	James H. Tebbetts, Hollister.....	J. M. O'Donnell, Hollister.....	First Monday
San Bernardino Medical Assn.....	James P. Booth, Needles.....	Chas. S. Harris, San Bernardino.....	Second Wednesday
San Diego County Medical Society.....	Fred Baker, San Diego.....	T. L. Magee, San Diego.....	First Friday
San Francisco County Med. Society.....	J. Rosenstirn, San Francisco.....	Wm. F. Barbat, San Francisco.....	Second Tuesday
San Joaquin County Med. Society.....	D. F. Ray, Stockton.....	Barton J. Powell, Stockton.....	Last Friday
San Luis Obispo County Med. Soc.....	J. S. Jackson, San Luis Obispo.....	J. J. Knowlton, San Luis Obispo.....	Third Wednesday
Santa Barbara County Med. Assn.....	Chas. Anderson, Santa Barbara.....	W. B. Cannane, Santa Barbara.....	Quarterly
Santa Clara County Med. Society.....	J. T. Harris, San Jose.....	F. H. Paterson, San Jose.....	Quarterly
Santa Cruz County Medical Society.....	Exeter P. Vaux, Santa Cruz.....	Saxton T. Pope, Watsonville.....	Second Thursday
Shasta Co. Medical Society.....	O. J. Lawry, Redding.....	R. F. Wallace, Redding.....	First Monday
Sonoma County Medical Society.....	J. W. Jesse, Santa Rosa.....	G. W. Mallory, Santa Rosa.....	Quarterly
Tri-County Medical Society.....	P. K. Watters, Watsonville.....	S. T. Pope, Watsonville.....	Second Thursday
Ventura County Medical Society.....	J. H. Love, Ventura.....	A. A. Maulhardt, Oxnard.....	First Monday
Yolo County Society for Med. Imp.....	W. E. Bates, Davisville.....	F. R. Fairchild, Woodland.....	Quarterly
Yuba and Sutter Cos. Medical Soc.....	J. H. Barr, Marysville.....	G. W. Stratton, Marysville.....	Quarterly

Secretaries of County Societies are requested to notify the JOURNAL of any changes in above directory.

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31 EDDY STREET, SAN FRANCISCO

A. M. A. Principles of Ethics:

"It is equally derogatory to professional character for physicians to dispense or promote the use of secret remedies."